



OAR Masters Information Sheet

Name: _____

Residential Address:

City: _____ State: _____ Zip: _____

Mailing Address:

City: _____ State: _____ Zip: _____

Phone #: _____ Wk#: _____ Cell#: _____

E mail address:

1st Emergency Contact : _____ Phone: _____
Address: _____

2nd Emergency Contact: _____ Phone: _____
Address: _____

Allergies:

Medical Conditions:

Medications:

Date of Birth: _____

Have you rowed before? Sweeps? Sculling? Please describe your experience.

Interested in Competing Yes No (Circle One)