



## Scarsdale Athlete Information Form

\_\_\_\_\_  
Current Grade

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Full Address

\_\_\_\_\_  
Athlete's Email Address

\_\_\_\_\_  
Athlete's Mobile

\_\_\_\_\_  
Parent/Guardian Mobile

\_\_\_\_\_  
Parent/Guardian Mobile

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Email Address

\_\_\_\_\_  
Parent/Guardian Email Address

\_\_\_\_\_  
Rowing experience

\_\_\_\_\_  
Club

\_\_\_\_\_  
Medical Conditions/Concerns

I am able to swim \_\_\_\_\_ Yes

\_\_\_\_\_ No

## Try-Out Evaluation

Time: \_\_\_\_\_

Placement: \_\_\_\_\_

Coach's Notes:

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