

Wappingers Crew Club Medical Form

Rower's Name _____ Date of Birth _____ Age _____ Sex _____

Height _____ Weight _____

If parents are not available in the event of an emergency, notify:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of personal physician _____ Phone _____

Personal health/accident insurance carrier: _____

Hospital Preference: _____

Please list any medical concerns your child has such as allergies, asthma, cardiac condition or seizure disorder, medication currently being taken, or any other concerns of which we should be aware.

List any physical conditions that may affect or limit full participation in strenuous training for crew activities _____

I certify that _____ is physically fit to participate in training for crew activities.
(Rower's Name)

Physician's Signature _____ Date _____

Physician's Stamp _____

*******SCHOOL PHYSICALS DO NOT COUNT. MUST BE FROM YOUR OWN DOCTOR.*******

In case of emergency, every attempt will be made to reach the parents or emergency contacts listed above. If no one can be reached, I give permission for the Wappingers Crew club to seek medical attention for the above named rower during crew activities.

X _____

Responsible Parent/Guardian Signature

Relationship: _____

(If under 18, Parent or legal guardian)

NOVICE & New Club Members

All new rowers to club must take a swim test to participate regardless of past experience (swim teams, clubs, etc.)

I certify that my child can swim the length of a pool and tread water for at least 10 minutes

Responsible Parent/Guardian Signature _____