

Portland Community Rowing Association Health Information

Rower Name: _____
Home Address: _____
City _____ Zip _____
Date of Birth: _____

Health concerns:

Allergies: _____
Physical limitations: _____
Date of last physical exam _____

IN CASE OF EMERGENCY, CONTACT:

FIRST:

Name: _____
Home Phone #: _____ Work Phone #: _____
Cell Phone #: _____

BACKUP:

Name: _____
Home Phone #: _____ Work Phone #: _____
Cell Phone #: _____

Doctor's name and phone number:

Dentist's name and phone number:

The participant joining this Portland Community Rowing Association rowing program is of good health and has successfully completed a certified swimming course and is capable of swimming.

Parent or Guardian signature

I allow the coaching staff at the Portland Community Rowing Association to transport to, or call for, emergency help if they warrant it necessary for my son/daughter:

Parent or Guardian signature
