



Contact & Health Information – Adult Program

Rower Name / Nickname _____

Program:

___ Learn to Row
___ Masters

Season:

___ Spring ___ Summer
___ Fall ___ Winter

T-shirt size:

___ Men's ___ Women's
XS S M L XL 2XL

Address _____

City _____ State _____ Zip _____

Email _____ Mobile # _____

Date of Birth _____ Height _____ Weight _____ **M F**

MEDICAL HISTORY

Allergies _____

Physical Limitations _____

Medications _____

Date of last Physical Exam _____

EMERGENCY CONTACTS

Emergency Contact _____ Relationship _____

Mobile _____ Home _____ Work _____

Emergency Contact _____ Relationship _____

Mobile _____ Home _____ Work _____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

MEDICAL RELEASE

I authorize employees or agents of Lake Oswego Community Rowing to obtain services of a licensed medical professional to examine the above named individual and in the event of injury to render emergency care as he or she deems necessary for medical, surgical or dental examinations, treatments, surgeries, etc. I authorize Lake Oswego Community Rowing to send the above named individual to the hospital most accessible. I have read the foregoing and do consent to its terms.

Signature _____ Date _____

SWIMMING RELEASE

I certify that the above named individual is of good health and is capable of swimming for up to 10 minutes.

Signature _____ Date _____