

Emergency Contact Information

Confidential - Coaching Staff Use Only

Rower's name: _____

Date of birth (m/d/y): _____

Emergency contact name: _____

Relationship: _____

Telephone number(s): _____

Physical address: _____

Swimming Ability/Comfort Level Questionnaire

Yes No I feel comfortable in the water and am confident I could tread water for 10 minutes without the aid of a PFD (personal floatation device).

If no, Kenai Crewsers Rowing Club strongly encourages you to always wear your PFD while rowing, regardless of our club safety policy.

Optional Health/Medical Information

Do you have any medical conditions – temporary or long term – that you wish to tell the coaching staff about? This could include but is not limited to exercise induced asthma, allergies to bee stings, other allergies, a heart condition, a sore shoulder, chronic back pain. Knowledge of an issue helps us help you.