

# 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: \_\_\_\_\_

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## **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.*

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## **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.