

PARA ROWING COME AND TRY DAY

ROWER INFORMATION SHEET

Name: _____ DOB: ___/___/___

Disability: (Please include a brief description of your abilities)

Transfer Assistance Required: (Please circle) YES NO

Further information:

I Can Swim: (Please circle) YES NO

Home Address:

Contact Numbers: H _____ W _____

M _____

Email Address: _____

Do you participate in any other sports?

OFFICIAL USE ONLY

Erg:

How far along the slide can the participant row? (Please tick)

Arms Only	Trunk and Arms	1/4 Slide	1/2 Slide	3/4 Slide	Full slide

Other Comments:

DECLARATION OF MEDICAL CONDITIONS THAT MAY REQUIRE EMERGENCY MEASURES

I, _____, wish to participate in the _____ Para Rowing Come and Try Day on ___/___/___.

I understand that I am required to state any known medical conditions that may compromise my safety on the water. I understand that I also must state the current management for my condition(s).

Please circle any applicable conditions, otherwise print N/A if there are no associated medical conditions.

Disability:

PERTINENT MEDICAL HISTORY:

Diabetes Heart Disease Cancer Stroke Recent Fracture
Asthma Hypertension Autonomic Disreflexia Dehydration Seizures
Other

Possible Medical Complications:

Steps that must be taken should this arise:

Allergies:

All medication is as follows:

SIGNATURE OF ROWER: _____

SIGNATURE of PARENT/GUARDIAN [UNDER AGE 18]:

SIGNATURE OF WITNESS: _____

PRINTED NAME OF WITNESS: _____

DATE: __/__/__