**Table Mountain Rowing Club-“Learn to Row”**

**MEDICAL CONSENT/RELEASE FORM**

Each participant must complete and sign a copy of this form. Please fill it out clearly and completely. Incomplete forms will not be accepted.

NAME OF PARTICIPANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of accident or injury to myself, my spouse or any child of mine (specifically including my child if named above as the "Participant") or in the event of illness of myself, my spouse or any child of mine while in, on or about the premises of Forebay Aquatic Center or other sites where Table Mountain Rowing Club may train and compete, or while participating in any activity sponsored by or under the auspices of Table Mountain Rowing Club under circumstances where I am physically unable to consent or am not present:

1. I hereby voluntarily consent to the furnishing to myself, my spouse, or any of my said children of such medical care, attention, and treatment by any hospital, physician or physicians as such hospital, physician or physicians may deem necessary or advisable.

2. I authorize any officer, coach, or member of Table Mountain Rowing Club to consent to such medical care, attention or treatment.

3. I agree to pay all costs of such medical care, attention or treatment and to hold free and harmless of and from any and all liability for such cost the Table Mountain Rowing Club and the officers and members of each.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN CASE OF EMERGENCY CALL:

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number \_\_\_\_\_\_\_\_\_\_\_\_**

PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Last Exam \_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEALTH INSURANCE CARRIER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INSURANCE ID NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL AND EMERGENCY INFORMATION**

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male: \_\_\_\_\_ Female \_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Emergency cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THE PARTICIPANT MUST RESPOND TO THE FOLLOWING QUESTIONS AS ACCURATELY AND COMPLETELY AS POSSIBLE: Please check/circle those that apply: (Provide necessary details below)

CHRONIC AILMENTS: ASTHMA OR OTHER RESPIRATORY PROBLEMS: CIRCULATORY OR HEART PROBLEMS: EPILEPSY/SEIZURE:

OTHER: Current medications/dosage or other issues we should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES: Foods, insects? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you carry an EPI pen? YES NO

Can you tread water for 10 minutes? YES NO

Can you swim continuously for 100 yards? YES NO

Can you carry/lift 35-40 LBS? YES NO

Other concerns we should be aware of?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_