



MEDICAL CONSENT FORM

Rowing is a strenuous physical sport. Prior to beginning the WeCanRow program, a physician must screen all participants. Please print the form, fill Part One out completely, have your physician complete Part Two and sign where indicated. Return it to WeCanRow-Philadelphia by your next workout. (If you return a scanned copy by email, please bring it to your Learn-To-Row session.) This information will be used only for the purposes of the WeCanRow-Philadelphia program.

PART ONE – to be completed by participant

Name of Participant: _____

Date of Birth: _____

Medications: _____

Allergies: _____

Please list any physical limitaitons or health restrictions that may adversely affect your ability to row safely and any information you would like the rowing coaches to know.

Signature: _____

Date: _____

PART TWO – to be completed by physician

_____ is my patient, is in good health and free of physical limitations other than as listed above, and is able to participate in the WeCanRow-Philadelphia rowing program.

Signature: _____

Date: _____

(no stamped signatures)

Print Name: _____

Address: _____

Phone Number: _____