



Row New Jersey *Learn To Row* Health and Swim Certification

Name: _____ Date: _____

DOB: _____ Address: _____

City/State/Zip: _____

Emergency Contact Information

Contact: _____ Relationship: _____

Phone: _____

Contact: _____ Relationship: _____

Phone: _____

Medical Information

Physician: _____ Phone: _____

Date of Last Tetanus: _____

List any known Allergies: _____

List Medications: _____

List any pre-existing medical conditions or misc. information we should be made aware of:



Row New Jersey Acknowledgement of Swimming Ability

It is acknowledged that Rowing is a water sport that carries the possibility that at some point the boat will flip or overturn and thereby spill the rower(s) into the water.

Therefore, the ability to swim is essential to the activity of rowing.

In consideration of being given the opportunity to participate in the learn to row programming I ATTEST that _____ is a proficient swimmer who can AT MINIMUM SWIM A DISTANCE OF 50 YARDS and can TREAD WATER or FLOAT WITHOUT ASSISTANCE OR USE OF FLOTATION DEVICES for a minimum of 5 minutes

Participant Name: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Internal use below:

Session _____