

# STOCKTON ROWING CLUB

## MEDICAL RELEASE/SWIMMING CERTIFICATION

### MEDICAL EMERGENCY CONSENT AND INFORMATION

Consent for medical treatment: I hereby give my consent for emergency medical treatment, as prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions necessary to preserve my own or my dependent child's life, limb or well-being.

**Rower Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

#### IN CASE OF EMERGENCY PLEASE NOTIFY:

Spouse/ Significant Other: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian, if under 18: \_\_\_\_\_ Phone: \_\_\_\_\_

**Secondary Emergency Contact:** \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications needed while rowing: (for example, inhaler etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Physical limitations or past injuries that limit activity:  
\_\_\_\_\_  
\_\_\_\_\_

Any other health concerns that coaches should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Rower:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_

**Signature of Parent/Guardian, if under 18:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_

---

### Swimming Competence Certification

The sport of rowing poses significant risks to the participant because most activities occur in, on or around the water. These risks include, but are not limited to, expected and unexpected immersion into cold water as a result of a boat flipping, collisions with other boats, being involuntarily removed from a boat as a result of an oar's momentum ("crabbing"), falling off docks, authorized and unauthorized swimming, changing weather conditions or other occurrences.

Although all practices and regattas are supervised, from time to time a boat may be temporarily out of a coach's line of sight due to several factors which include but are not limited to the irregular shoreline of the delta, race day procedures or other conditions. Intended or accidental immersion into cold water can occur at any time. Participants must be competent swimmers for their safety.

- I certify that I am able to tread water and swim a minimum of 100 meters and have no medical or health reasons that make it unwise for me to participate in the sport of rowing.**
- I certify that my child is able to tread water and swim a minimum of 100 meters and has no medical or health reasons that make it unwise to participate in the sport of rowing.**
- I am unable to tread water or swim a minimum of 100 meters and choose to wear a Personal Flotation Device.**

Signature of Rower: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/ Guardian (if rower under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of SRC Coach: \_\_\_\_\_ Date: \_\_\_\_\_