

Whatcom Rowing Association Junior Medical History and Authorization

We recognize that any sports activity such as rowing may involve certain dangers, including but not limited to the hazards of rowing, shell collision or upset, water immersion, lifting and carrying of shells and equipment, forces of nature, conditioning exercises and the actions of participants and other persons. We understand that WRA, Whatcom County Parks, the staff and all persons related directly or indirectly with the program assume no financial obligation or liability for any injury, illness or disability arising from a minor's participation in the WRA rowing program.

In the case of an accident or illness in which the above minor is not able to give consent for medical care, I (the Parent or Legal Guardian) hereby give permission for the above minor to be given emergency medical treatment.

Signature of Participant (Minor) _____ Date _____
_____ Printed name

Signature of Parent/Legal Guardian _____ Date _____
_____ Printed name
_____ Relationship _____

FIRST PERSON TO CONTACT IN AN EMERGENCY:

Name _____ Home Phone _____ Cell
Phone _____

ALTERNATE PERSON TO CONTACT IN AN EMERGENCY:

Name _____ Home Phone _____ Cell
Phone _____

City _____ **PHYSICIAN:** Name _____ Phone _____

_____ **ALLERGIES:**

_____ **MEDICATIONS:**

May sunscreen be applied during the day? Yes No

MEDICAL CONCERNS: _____

LIMITATIONS ON ACTIVITIES: _____

COMMENTS: _____
