



Medical Release Form

To be Completed by Participant's Physician

Rowing is a strenuous physical sport. All participants must be screened by a Physician, Physician Assistant or Nurse Practitioner prior to beginning the WeCanRow Program.

Please print, fill out and return this form

Date: _____

Name of Participant: _____

Medications: _____

Allergies: _____

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

Area to be filled in by Physician

The above-named patient is a reasonable candidate to participate in a coached rowing program.

Physician Signature: _____

Print Name: _____

Title: _____

Address: _____

Phone Number: _____