

Fairport Crew Club - Physician Waiver

Member Name: _____ D.O.B.: _____ Age _____

Address: _____

City, State, Zip _____ Phone: _____

To the Physician: The individual named above has applied for membership in Fairport Crew Club. Crew is a strenuous high-risk sport with conditioning both on and off the water. In addition to rowing, members undergo land-based strength, flexibility, and cardiovascular training. During regattas and practices members exert themselves at maximum capacity for extended periods of time. Members are also tested to make sure they are physically able to swim 500 meters unassisted as per the USRowing standards

During on-water activities emergency health care may not be immediately accessible. Certain medical conditions will place the member at increased risk during those periods.

Fairport Crew Club seasons include fall rowing, winter conditioning, and spring rowing.

1. Please indicate if the individual has a history of asthma, diabetes, seizures, hypoglycemia, wears contact lenses, or has any other medical/special problems (specify):

2. Please indicate if the individual has allergies to any medications, foods, insect bites, etc., as well as your usual treatment for same:

3. Listing of medications the individual is currently taking: _____

Date of Last Full Physical: _____ Date of Last Tetanus: ____/____/____

I certify that _____ (name) is physically qualified to participate in

Fairport Crew Club activities with the following restrictions: _____

Date: _____ Physician Signature: _____

Physician's Address: _____

City/State: _____ Phone: _____