

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 WeCanRow. Please Print.

Date: _____

Name of Participant: _____

Medications: _____

Allergies: _____

Physical Disorders or Health Restrictions That May Adversely Affect the Participant's Ability to Row Safely and/or That You Would Like the Rowing Coaches to Know:

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

Print Name, Title and Address: _____

Telephone: _____

We Can Row-Madison
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