



# CAMP RANDALL ROWING CLUB WeCanRow

## Medical Release

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 to CRRC/WeCanRow:*

**Date:** \_\_\_\_\_

**Name of Participant:** \_\_\_\_\_

**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:**

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*Area to 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:** \_\_\_\_\_

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**Phone Number:** \_\_\_\_\_

**Camp Randall Rowing Club, Inc. - PO Box 258160 - Madison, WI 53725**

[www.camprandallrc.org](http://www.camprandallrc.org)