

Steel City Rowing Club Health Information

101 Arch Street, Verona, PA 15147 – 412-828-5565 phone 412-517-8789 fax
www.steelcityrowing.org / Joanne.Cope@Steelcityrowing.org

Athlete Name _____ Date: _____

Address _____

Parent(s) Name(s) _____

Phone number(s) _____ (Home)
_____ (Cell / Work)

Secondary Emergency contact and phone _____

Health Insurance _____

Policy Number _____

Name of Insured _____

Primary MD Name _____

Primary MD Phone _____

ALLERGIES _____

MEDICATIONS _____

Please list any **health concerns**, conditions, or history that may impact your rowing- for example: any issues with breathing, joint strength or mobility, back stability, spinal stability, sensory deficit(s) and cause(s), history of tendonitis, diabetes, **etc.**

I give permission for parents/chaperones/coaches in attendance to seek treatment for
_____ (child's name) as indicated.

_____ (Parent signature) and _____ (date)

*(health forms will travel to all races)