NICOMEKL ROWING CLUB

Participant Information Form

FULL NAME			
DATE of BIRTH	Day	Month	Year
EMERGENCY CONTACT			PHONE No.
FAMILY DOCTOR			PHONE No.
CARE CARD No.			

MEDICAL INFORMATION

- MEDICATIONS: _____
- ALLERGIES: _____
- PREVIOUS INJURIES: _____
- ABLE TO SWIM: ☐ YES ☐ NO

Signature: _____

Date: _____