

# Massachusetts Bay Open Water Rowing, Inc.

## Health Form Questionnaire

Full Name \_\_\_\_\_

Address \_\_\_\_\_ Town/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

Contact person in case of emergency:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Medical History \_\_\_\_\_

\_\_\_\_\_

Current Medications \_\_\_\_\_

Doctor's Name and # \_\_\_\_\_

\_\_\_\_\_

Allergies (medications, bees) \_\_\_\_\_

Do you swim?                      Yes              No      (please circle one)

I understand, agree that the information above is true and correct to the best of my ability. I understand that under the Coast Guard regulations I may not have to wear a life jacket (PFD) but that Massachusetts Bay Open Water Rowing, Inc. provides one in the event one is needed. Choosing to wear the life jacket is at the discretion of the individual, and may be required to be worn by law or the Cox.

Parent/Guardian

Signature: \_\_\_\_\_ Date \_\_\_\_\_