



A program of Texas Rowing for All

ATHLETE INFORMATION FORM

Name: _____ Today's date: _____

Address: _____ Zip: _____

Phone #: _____ E-Mail: _____

Birthdate: _____ Are you an injured military service member? (yes or no) _____

Section I: General Questions

Describe your swimming ability:

Describe your rowing or kayaking experience

Section 2: Medical Information and History

Have you ever had any of the following? (please check the yes or no column)

Condition	Yes	No	Condition	Yes	No
Are you greatly affected by heat?			Allergies		
Heart disease			Asthma		
High Blood Pressure			Are you taking medication?		
Do you get cold easily?			If yes, are there any side effects of the medication such as sun sensitivity, increased thirst, or fatigue?		
Are you allergic to insect bites or bee stings			Seizures:		
If yes, do you carry medication?			If yes what triggers them?		
Back problems			If yes, what is the date of you last seizure?		
Diabetes					

If you answered YES to any of the medical questions in the chart, please explain here:

Describe your Injury / Disability:

How long have you had the disability?

*So that we can better understand your needs, please list any medical, physical, psychological, or emotional issues not mentioned above:

In case of emergency, whom should we contact:

What interests you about rowing or paddling?

What do you hope to get out of rowing / paddling participation? (Your Rowing / Kayak Goals):

1.

2.

3.

4.

5.