

LEMON BAY CREW CLUB
SWIM/MEDICAL AFFIDAVIT

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

HOME PHONE:

CELL PHONE:

Email:

DATE OF BIRTH:

I certify that I can swim

Signature

Date

Allergies (please list):

Primary Physician: Name & Phone Number:

Emergency Contact: Name & Phone Number:

I certify that I am in good health and able to participate in a strenuous physical activity such as rowing.

Signature

Date