

**The Stewards Foundation**  
Participant Health Information

Participants Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Sex: M or F

Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier Policy #: \_\_\_\_\_ Plan # \_\_\_\_\_

We recognize that any sports activity such as crew may involve certain dangers, including but not limited to the hazards of rowing, shell collision or upset, water immersion, lifting and carrying of shells and equipment, forces of nature, conditioning exercises and the actions of participants and other persons. We understand that THE STEWARDS FOUNDATION staff and all persons related directly and indirectly with the program assume no financial obligation or liability for any injury, illness or disability arising from a minor's participation in the THE STEWARDS FOUNDATION program.

In the case of an accident or illness in which the above minor is not able to give consent for medical care, I (the parent or Legal Guardian) hereby give permission for the above minor to be given emergency medical treatment.

Signature of Participant (Minor) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Printed name \_\_\_\_\_ Relationship \_\_\_\_\_

**FIRST PERSON TO CONTACT IN AN EMERGENCY:**

Name \_\_\_\_\_ Phone (day) \_\_\_\_\_ Phone (eve) \_\_\_\_\_ Cell \_\_\_\_\_

**ALTERNATE PERSON TO CONTACT IN AN EMERGENCY:**

Name \_\_\_\_\_ Phone (day) \_\_\_\_\_ Phone (eve) \_\_\_\_\_ Cell \_\_\_\_\_

**PHYSICIAN:** Name \_\_\_\_\_ Phone \_\_\_\_\_ City \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**MEDICATIONS:** \_\_\_\_\_

**MEDICAL CONCERNS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**LIMITATIONS ON ACTIVITIES:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rower's Name: \_\_\_\_\_

**THE STEWARDS FOUNDATION**  
**Physical Examination Form**

To be completed by a licensed practitioner  
(Athlete should not write in this section)

Examiner's comments on all "Yes" answers in medical history (refer to question number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL EXAMINATION**

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_ / \_\_\_ Lowest Allowed Weight (lightweight) \_\_\_\_\_

Rowing is a strenuous sport and places strong demands on the cardiovascular system, back, shoulders and knees. Please note any abnormalities that may limit the athlete's participation or make this athlete susceptible to injury.

1. HEENT
2. Lungs
3. Heart
4. Abdomen
5. Neuro
6. Skin
7. Spine/Back
8. Shoulders/Upper extremity
9. Legs, Knees

ASSESSMENT: Participation: Full / Limited / May not participate

Limitations: \_\_\_\_\_

\_\_\_\_\_

Print Examiner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Examiner's Signature \_\_\_\_\_ Date \_\_\_\_\_

# THE STEWARDS FOUNDATION JUNIORS PROGRAM

## SWIM TEST

Applicant's Name: \_\_\_\_\_

### How to take a swim test

1. Find a pool with a lifeguard. This maybe your public pool, your health club or a YMCA.
2. In deep water, you must float, tread water or swim in place for 10 minutes while wearing clothing that you would wear while rowing. (T-shirt and shorts or spandex. No Swimming suits, please.)
3. At the conclusion of 10 mins, you must be able to put on a PDF (personal flotation device) while still in the water.
4. Float tests must be taken under the supervision of a certified life guard.

### Swim Skills

I, \_\_\_\_\_, have successfully completed the swim test necessary to participate in the THE STEWARDS FOUNDATION rowing program. This involves jumping into deep water (over your head) and treading water without assistance for at least 10 minutes. **This test will remain valid for five (5) years after the date of the test.**

Provide the following information or copy of certification / card

Lifeguard / Instructor:	
Facility:	
Date / Time:	
Phone # of Lifeguard/ Instructor:	
Comments:	

\_\_\_\_\_  
Signature of Lifeguard/Instructor Date

\_\_\_\_\_  
Signature of Applicant Date