



Seattle Flying Dragon Boat Club

Date _____

Name (please print) _____

Address _____

City _____ Zip code _____ Email _____

Home Phone _____ Cell _____ Work _____

Yes or No (please circle) I give permission for my contact information to be distributed **among club members only** (to include email, phone and general home location). Resulting photos may be used for non-commercial promotional purposes.

Signature _____

Signature of parent or guardian (for paddler 12-18 years old) _____

Date of Birth ____/____/____

DRAGON BOAT PADDLING IS A STRENUOUS PHYSICAL ACTIVITY. SFDBC strives to provide the safest environment possible. For this reason your coaches need the following information which will be kept in *strict confidence* and used only by coaches in a medical emergency.

Emergency Contact:

Name _____ Relationship _____

Phone _____ Additional Phone? _____

Do you have medical conditions such as allergies, asthma, joint problems, heart condition? Please List:

Are you taking any medications such as blood pressure or heart medications which could affect your performance in the boat? _____

Do you have shortness of breath or dizzy spells? _____

Can you swim? _____ Yes _____ No