

Pittsburgh Paddlefish New Member Information

Date	
Name	
Active TRRA member?	Yes No
Address	
Cell Phone	
Home Phone	
Email address	
Birthdate (month and day)	
Experience	Beginner Intermediate Experienced
Can you swim	Yes No
Know CPR?	Yes No
Have any other med. Experience?	
Emergency Contact (1) Name	
Phone#	
Emergency Contact (2) Name	
Phone#	
Do you have any conditions that may result in the need for emergency medical attention?	
Special Instructions:	
