

WORCESTER ROWING CLUB

We are very pleased to welcome all under 18's (Juniors) to **WORCESTER ROWING CLUB**.

Rowing activities on the water and its associated training can be performed safely if we manage the risks. Part of risk management is gathering information on health and swimming proficiency. This information is confidential but important to ensure your child's welfare as a participant. Our club follows the national body guidelines that all coaches and assistants are qualified for the activities they control including safety awareness. The club will regularly hold swim tests and training in capsized procedures, which will lead to achievement of the sport's Water Safety Certificate.

Please provide the personal information requested below, as it is important we have your correct contact details.

PERSONAL DETAILS: (Please complete in block capitals)

Juniors Name.....Date of Birth.....

Parent/Guardian's Name(s)

Address

.....Post Code.....

Phone (home) (work) (mobile).....

Email

In the event of an incident/accident:

Emergency Contact Name Emergency Contact Number

DECLARATION OF HEALTH AND SWIMMING ABILITY: (*delete "Yes" or "No" as appropriate*)

Does your child have any special needs that our coaches should know about?	Yes	Does your child suffer from any known medical or physical conditions that might affect them during physical exercise? (If in any doubt you should consult a doctor)	Yes
	No		No

If the answer is 'yes' to either of the above please give details:

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Can your child swim 100 metres in light clothing?	Yes	No
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CONSENT: N.B. This consent should be completed before any activity is undertaken.

- I apply for my child to become a junior member of **WORCESTER ROWING CLUB**.
- I agree to my child taking part in the activities of the club and understand that I will be kept informed of these activities – e.g. timing and transport details.
- I have read and agree to uphold **WORCESTER ROWING CLUB'S** Code of Conduct.
- I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and, having parental responsibility for the above child, I give permission for first aid to be administered or, where considered necessary, treatment by a suitable qualified medical practitioner.
- If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.
- I understand that from time to time photographs and video footage of my child will be used by the coaches for training purposes. If you do not wish for your child to be present in any of the above then **YOU** must express this to the Club Captain in writing.

Any change in either medical circumstances or home emergency contact details should be notified to the club without delay.

Parent/Guardian's SignatureJunior's Signature.....Date.....

Print Names.....