



Hereford Rowing Club

37 Greyfriars Avenue Hereford HR4 0BE

Tel / Fax : 01432 273915 E-mail: hrcsecretary@btconnect.com

Junior Consent Form

Your child has completed a membership form and has joined Hereford Rowing Club

Please complete and return the form below to confirm your consent to this activity

Name of Child in full _____

Address: _____

Sex _____ **Date of Birth** _____ **Age (today)** _____

Parent/Guardian E-mail address _____

Emergency Contact Name 1 _____

Telephone no _____

Relation to Child _____

Emergency Contact Name 2 (optional) _____

Telephone no _____

Relation to Child _____

Medical Information

Does your child have any medical conditions requiring treatment? **Yes / No**

If so, please give details of any medication required

Does your child suffer from asthma? **Yes / No**

If so, please give details of treatment / medication required

Does your child suffer from any other allergy? **Yes / No**

If so, please give details

Does your child have specific dietary requirements? **Yes / No**

If so, please give details

Is your child able to swim fully clothed for 100 metres? **Yes / No**

Please give any other information you feel is necessary

Your child will be expected to help / participate in various club activities including regattas and training camps.

They may also be photographed / videoed for training / promotional purposes.

Parent / Guardian

Signed _____

Print Name

Date:
