



## Hereford Rowing Club

37 Greyfriars Avenue Hereford HR4 0BE

Tel / Fax : 01432 273915 E-mail: [hrcsecretary@btconnect.com](mailto: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

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

If so, please give details of treatment / medication required

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

If so, please give details

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

If so, please give details

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

**Please give any other information you feel is necessary**

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**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**

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**Date:**

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