



**Riverside Park  
Hexham  
Northumberland**

**HEXHAM ROWING CLUB JUNIOR PARTICIPANTS**  
**Personal Information/Consent Form**

This form has been designed to collect information on young people participating in rowing and related activities at Hexham Rowing Club, Hexham. The information is important for a number of reasons as it will provide:-

- The junior Co-ordinator/Welfare officer with important contact details and medical information in case of accident/illness.
- Useful information on the background and capability of those participating at the Club and in rowing events organised under the auspices of the Amateur Rowing Association.

The club will only use this information for administrative purposes.

*Please answer all questions in **BLOCK CAPITALS** and please use a black pen.*

**YOUR DETAILS**

SURNAME \_\_\_\_\_ FIRST NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POST CODE \_\_\_\_\_

TELEPHONE (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-MAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

GENDER: Male \_\_\_\_\_ Female \_\_\_\_\_

ARA REGISTRATION NUMBER \_\_\_\_\_

**EMERGENCY CONTACT DETAILS**

In case of emergency during an event, please could you write down a contact name and telephone number where the participant's parents or guardian can be contacted.

SURNAME \_\_\_\_\_ FIRST NAMES \_\_\_\_\_

TELEPHONE (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

## MEDICAL INFORMATION

Please tick if your child suffers from any of the following and indicate any treatments required:

Allergies (please specify)  
Back problems  
Diabetes  
Eye problems  
Joint problems

Asthma  
Colour blindness  
Epilepsy  
Hearing problems  
Nose bleeds

Any treatments? \_\_\_\_\_

Are there any other medical details including sports injuries you feel we should know about?

Doctor's Name: \_\_\_\_\_ Doctor's Tel No \_\_\_\_\_

## CONSENT FROM PARENTS/GUARDIAN

My child is in good health and I consider him/her capable of taking part in rowing activities at Hexham RC and at events organised under the auspices of the Amateur Rowing Association. I have completed the medical details and consent that, in the event of any illness/accident, any necessary treatment can be administered to my child, which may on the advice of a doctor include the use of anaesthetics. I also understand that while coaches and event personnel will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered to my child. I confirm that my child is able to swim a minimum of **50 metres fully clothed**.

Parent/Guardian Name: \_\_\_\_\_ (please print)

(must be person with legal parental responsibility)

Signature of Parent/Guardian: \_\_\_\_\_

## CONSENT FOR PHOTOGRAPHS

There may be occasions when a photo may be taken of the children participating on land or river events. They may be shown on the Club website, in local or rowing publications. In addition, we would like to video crews to assist in coaching and providing feedback. We would like to make you aware of this and seek your permission for this to happen.

I have been made aware of the fact that my child may have their picture taken and possibly videoed, while participating in rowing and related activities and the circumstances in which it may be used and I am willing/not willing to give my permission.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Once completed please return this form to: Junior Co-ordinator Hexham Rowing Club, Riverside Park, Hexham, Northumberland.**