



**Riverside Park
Hexham
Northumberland**

HEXHAM ROWING CLUB SENIOR PARTICIPANTS
Personal Information

This form has been designed to collect information on 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 coaches 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 next of kin can be contacted.

SURNAME _____ FIRST NAMES _____

TELEPHONE (Home) _____ (Mobile) _____

RELATIONSHIP TO PARTICIPANT _____

MEDICAL INFORMATION

Please tick if you suffer 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?

DECLARATION

I am in good health and I am 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, 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. I confirm that I can swim a minimum of **50 meters fully clothed.**

Doctor's Name: _____ Doctor's Tel No _____

Once completed please return this form to: Captain or Vice Captain Hexham Rowing Club, Riverside Park, Hexham, Northumberland.