

Ardingly Rowing Club – New Starter Form – Adult/Junior*



We are very pleased to welcome you to **Ardingly Rowing Club**. To ensure that we have the correct contact details for you, please complete the following:

Personal details

Name: Date of birth

Address.

.....

.....Postcode

TelephoneMobile

Email (please print clearly)

Emergency information

Please insert the information below to indicate the person(s) who should be contacted in case of an incident/accident:

Contact name (e.g. parent/carer):

Emergency contact number:

In the event of any injury or illness all reasonable steps will be taken to contact the person named, and to deal with that injury/illness appropriately. Should the need arise, I agree that you may act “in loco parentis” for the administration of emergency first aid or other medical attention.

Medical information

Have you/ your child currently or ever suffered from any of the following? Please indicate below. This information is confidential but important to ensure your/your child’s well being as a participant.

Asthma Yes No Epilepsy Yes No Diabetes Yes No

Bronchitis Yes No Blackouts Yes No Ear Problems Yes No

Muscular/skeletal injuries: e.g. back injury Yes No Circulatory problems Yes No

Are you/he/she currently taking any form of medication? Yes No

If the answer to any of the above is “yes”, please give details below or overleaf
Rowing Clubs are not qualified to give medical advice so you should raise any concerns with your doctor.

*Please delete as appropriate

Safety information

Can you/he/she swim 100 metres in a long sleeved top and tracksuit bottoms? Yes No

(A swim test and/or capsized drill will be carried out by the Club in the early stages, but advance warning will be given. An additional charge will have to be made for this to cover pool hire and lifeguard cover).

Signature of participant.....

To be completed by parent/guardian (if appropriate)

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.

Signature of parent/guardian:.....

Please print name:.....Date:

Dates attended				
Amount paid				

Payments by cheque please payable to "Ardingly Rowing Club"

For completion by ARC coach:

I have been through the Induction Procedures with the above and have given him/her a copy of the British Rowing "Row Safe" Leaflet.

Signed(Coach) Date.....