

EVESHAM ROWING CLUB

Abbey Park, Evesham WR11 4ST. Tel: ☐ 01386 446131

www.evesham-rowing-club.co.uk

PARENTAL CONSENT FORM

CHILD'S NAME			M / F
Date of birth		Current age	
Address			
British Rowing Number:			

Medical details – please list any medical conditions your child has (e.g. asthma, epilepsy, allergies)
Does your child currently take regular medication? YES / NO
If yes, please list medication(s):
Doctor's name:
Doctor's surgery address:
Doctor's phone number:

Emergency contact numbers			
Name			
Relationship			
Daytime tel:			
Evening tel:			
Mobile:			
E-mail			

* In the event that my child is taken ill or has an accident, whilst at a training session, during participation in, or travelling to and from a competition, or residing away from home for a competition, I hereby authorise an official of Evesham Rowing Club to seek medical attention. I understand that in the event of serious injury or illness all reasonable steps will be taken to contact me. I/We confirm that I/We have Parental Responsibility for the above named child.

* It is the parent / guardian's responsibility to inform Evesham Rowing Club, in writing, of any changes to their child's health or medication as well as changes in phone numbers or address.

* I understand that video and / or photography may be used for training purposes by my child's coaching team. Photographs may occasionally be released to the media to accompany news reports of events and unless we receive written refusal of permission your child may be identified to celebrate their achievements.

Signed _____

Date _____