

MINERVA BATH

JUNIOR EMERGENCY DETAILS (under 18)

Last Name:	_____	First Name:	_____
Address:	_____	Date of Birth:	_____
	_____	Gender (M/F):	_____
	_____	Telephone (H):	_____
Post Code:	_____	Telephone (M):	_____
e-mail:	_____	Parent's email:	_____

Do you suffer from any illness that may be exacerbated by your participation in the sport of rowing? (e.g. asthma, diabetes, epilepsy, heart condition) If yes, please give details below, including any action which should be taken by coaches in relation to these conditions:

I can swim at least 100 metres in rowing kit, and I understand that this ability will be tested at the Clubs discretion. I have read the Club's Safety Policy and agree to abide by it.

Emergency contact name (parent/carer): _____

Emergency contact number: _____

Alternative contact number: _____

I understand that in the event of any injury or illness all reasonable steps will be made to contact me, and to deal with that injury/illness appropriately. I am prepared to receive club bills and newsletter via the email address given above.

Name of parent/carer: _____

Signature of parent/carer _____ Date _____