



Application and Parental
Consent Form for Under
18's

Application and Parental Consent Form for Under 18's

Note: This form is for use in conjunction with the relevant Conditions of Registration and Conditions of Use of Photography or Video.

Parental Consent Form (for participants age under 18 at course date)
Please complete all sections in Block Capitals, and return to club by 1 week before course. Signed form to be brought to event, or by scanning and emailing in advance.

Course at Club,

Starting dd/mm/yyyy (date)

Participant's details

FIRST NAME	SURNAME
HOME ADDRESS	
DATE OF BIRTH	

Parent/guardian/person with legal responsibility

FIRST NAME	SURNAME
RELATIONSHIP TO CHILD	
HOME NUMBER	
MOBILE NUMBER	
EMAIL ADDRESS	

Alternative Emergency Contact

FIRST NAME	SURNAME
RELATIONSHIP TO CHILD	
CONTACT NUMBER DURING SESSIONS	

Medical information:

It is your responsibility to make known any disability/medical condition that may affect your child during the activity, and any medication that he/she may require. This information will be shared with those responsible for supervising the activity.



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Medical information

Is your child vegetarian?	Yes/No
Does your child have any food allergies?	Yes/No
Does your child have a disability, learning difficulty or medical condition which may affect their learning or ability to participate in practical or theoretical sessions?	Yes/No
If YES please provide details:	

Declaration of parent/guardian

I the parent/guardian of acknowledge that I have read the attached Conditions of Registration and that I fully understand them. I have explained them to my child, who understands and agrees to abide by them. My child can swim 50 meters in rowing kit and is confident in the water.

I agree to notify the organisation of any relevant changes in my child's circumstances.

Consent for use of images and data

I grant to the organisers the right to make, use and show within the event, any motion or still pictures of or relating to the event. Permission will be sought from the parent/guardian if and before any specific images are retained for more than 1 week or used for more public distribution.

I have read and understood the Conditions of Use of Photography or Video attached.

I authorise the organisers to store and use data gathered before and during the event , for publication as a summary of results and a separate list of participants.

Signed: (PARTICIPANT)

Signed: (parent/guardian)

Name: (PLEASE PRINT) Date:.....

Please arrange for completed form to be presented before start time at the first session.