

PARENTAL / GUARDIAN CONSENT FOR ROWING ACTIVITIES

This form gives your consent for your son/daughter to participate in the rowing activities detailed below. The information contained within it will be used in case of emergency and it is a requirement that it is completed in full BEFORE the commencement of the activity

PERSONAL DETAILS

Full name of Rower:			
Date of birth:		Gender:	M <input type="checkbox"/> F <input type="checkbox"/>

ACTIVITY

Activities covered by this form:	Rowing Ireland trials, camps, training and competitions for the current season (see date of signature).
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MEDICAL INFORMATION

Does your son/daughter have:

➔ Any conditions requiring medical treatment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please give brief details including any medication required:		
➔ Asthma	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please give brief details including any medication being taken:		
➔ Any allergies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please specify:		
➔ IMMUNISATIONS – I confirm the above-named person has the Statutory Health Service immunisations.		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	

CONTACT INFORMATION

Please name two people who can be contacted in case of an emergency during the course of this activity

CONTACT 1

Name:	Relationship:	
🏠 Home Address:		
✉ E-mail:		
☎ Telephone numbers	Home:	()

Please indicate the order of contact during the daytime (1,2,3)	Work:	()
	Mobile:	()

CONTACT 2

Name:	Relationship:	
📄 Home Address:		
📧 E-mail:		
☎ Telephone numbers	Home:	()
Please indicate the order of contact during the daytime (1,2,3)	Work:	()
	Mobile:	()

GOOD CONDUCT

- ➔ A high standard of conduct is required at all times when attending trials, training or competitions.
- ➔ Rowers are expected to show respect for themselves, facilities, equipment and others at all times.
- ➔ Rowing Ireland junior events are alcohol free events. The possession or consumption of alcohol or any other banned substances is forbidden.
- ➔ Rowers must agree to these conditions and understand that disciplinary action may follow any breaches.

DECLARATION BY PARENT/GUARDIAN

In signing the declaration below:

- ➔ I agree to my son/daughter receiving medication as required and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- ➔ I confirm that my son/daughter is able to swim 50 metres in light clothing, tread water for 2 minutes and is aware of capsizing procedure.
- ➔ I acknowledge and agree to the terms of the Good Conduct agreement listed above. I have also been informed that video or still images may be made of my son/daughter for the purpose of technical analysis and development of their rowing skill. Images may also be used by Rowing Ireland's for promotional purposes.

Signed:	Full name: (CAPITALS)
Date:	Relationship:

DECLARATION BY ROWER

Signed:	Date:
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