

Borth Rowing Club: Young Person's Registration/Consent

THIS FORM MUST BE COMPLETED AND SIGNED BY AN UNDER 18 YEARS OLD PARTICIPANT AND THEIR GUARDIAN BEFORE TAKING PART IN COASTAL ROWING.

Young Person's Name:	Young Person's Name:	
Address:		
Postcode:		
Tel. number:	Mobile:	
Email:	Are you able to swim 50 meters? yes/no	
Preferred method of contact for last minute reminders:		
Date of Birth:	Gender: male/female	
Ethnic origin:	Your preferred language:	
Parent/Guardian name:		
Address (if different):		
Postcode:		
Tel. number (if different):	Mobile:	
email:		
Emergency contact if not the above named person:		
General Practitioner's name:		
Address:		
Address: Postcode:		



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ACCESS STATEMENT: Our policy is to make coastal rowing activities available to all, wherever facilities and our budgets allow. We can describe these activities to young people and their guardians/carers, and anticipate risks to the best of our ability. However it is your responsibilities to inform us (above) of any relevant medical information or special needs and to seek medical/professional advice if you are not sure about your ability to participate.

CHILD PROTECTION STATEMENT: Our Child Protection Policy requires that we inform all young participants who to tell if you're unhappy with the way a coach of club official treats you.

The Current Club Welfare Officer is: Sarah Tudor, Ynyslas, 01970 871148. Email: welfareofficer@borth-rowing-club.org.uk

For the safety of young people, all our coaches and club officials, in regular close contact with young people have a criminal records bureau check.

Again, to ensure safety, we carry out a full risk assessment, stick to a Health and Safety policy, and follow guidelines about risk management.

Our qualified coaches follow the Welsh Sea Rowing Association health and safety guidelines.

YOUNG PERSON'S DECLARATION: I certify that the above information is correct and accept responsibility for my own safety as described in the access statement. I authorise the Borth Rowing Club coaches and officials to seek medical attention in the event of an emergency.

I confirm that I give my consent to Borth Rowing Club to collect and store the information disclosed. I understand my right to request a copy of the information held about me by the club.

I am happy for my photographs to be used for club publicity. yes/no

Signed Print Name Date

PARENT/GUARDIAN CONSENT

Signed Print Name Date