



**Evesham Rowing Club Member Information and Parental Consent Form**

Child's name	Gender
Date of Birth	British rowing number
Address	
Medical conditions:	
Disabilities/special needs:	
Regular medications:	
Doctors name, address and telephone number:	
Any further information the coaches should be aware of:	
<b><u>Emergency contact details</u></b> Name: Relationship: Home telephone number: Mobile telephone number: Email:	<b><u>Additional emergency contact details</u></b> Name: Relationship: Home telephone number: Mobile telephone number: Email:

In the event that my child is taken ill or has an accident whilst at a training session, during participation in or travelling to or from a competition, or residing away from home for training/competition, I authorise an official of ERC to seek medical attention. I understand that in the event of a serious injury or illness all reasonable steps will be taken to contact me.

I confirm that I have parental responsibility for the child.

I am aware that it is the responsibility of the parent/carer to inform ERC in writing of any changes to child's medication and emergency contact details.

I agree that video and photographs may be used for training purposes by the coach/es

I am aware that photographs may be released to the media unless ERC have written refusal of consent.

This record will be kept securely and destroyed if your child ceases to be a junior member. Information on medical issues and emergency contact details will be made available to coaches.

Signed..... date .....