

NORTHWICH ROWING CLUB CONSENT FORM FOR JUNIORS



Welcome to Northwich Rowing Club. This form must be completed and returned to the relevant Coach **prior to any rowing activity being undertaken.**

In order to manage the risks associated with rowing and training activities and to ensure the welfare of Juniors who participate in rowing at the Club, we must gather information on the health and swimming proficiency of rowers. Northwich Rowing Club follows British Rowing guidelines and all coaches and assistants are qualified for the activities they control, including safety awareness. The Club will provide your child with initial training in capsizing procedures. **It is a requirement that all participants in rowing become members of British Rowing.**

Please delete as appropriate to indicate if your child wishes to participate:

as a rower ... YES/NO or as a coxswain ... YES/NO

Please provide personal information requested below. It is important we have correct contact details at all times. **Any changes should be notified to the Club without delay.**

PERSONAL DETAILS: (Please complete in block capitals)

Child's name: Date of birth:

Parent/Guardian's name:

Address:

..... Post Code:

Telephone: E-mail:

Emergency contact name 1: Phone:

Emergency Contact Name 2: Phone:

Alternative contact name: Phone:

YOUR CHILD'S PERSONAL HEALTH

Rowing and its associated training can be a strenuous activity. Your child should therefore be in good health and have no medical or physical conditions precluding heavy exercise. **Should there be any doubt, please first consult your child's doctor.** Some conditions, such as asthma and diabetes, do not prevent individuals participating in the sport, but you have a **duty to declare any conditions that might put your child, or others, at risk.** Likewise, you have a **duty whilst your child is a member of the Club to declare any subsequent change in personal health that may put your child, or others, at risk.** Coaches and crew members must be fully aware of any conditions that they may have to deal with in the event of an emergency.

NORTHWICH ROWING CLUB CONSENT FORM FOR JUNIORS



STATEMENT OF HEALTH (delete as appropriate)

Does your child have any special requirements that their coach should know about?.....Yes/No

Does your child suffer from any known medical or physical condition that might affect them during physical exercise?
.....Yes/No

Is your child precluded from doing any heavy exercise?Yes/No

Is your child allergic to any medications?Yes/No

If the answer is 'Yes' to any of the above please give details:

.....
.....

YOUR CHILD'S SWIMMING ABILITY

In order to ensure your child's safety on the water, it is important that he/she is a competent swimmer and, as a minimum, meet the swimming criteria below, which is a requirement of British Rowing. **Until they meet this minimum requirement, they must wear a lifejacket or buoyancy aid when on or near the water.** Your child will be required to demonstrate his/her swimming competence at the capsized training session.

STATEMENT OF SWIMMING ABILITY (delete as applicable)

Can your child swim at least 50 metres in light clothing (pyjamas)?Yes / No

Can your child tread water for at least 2 minutes?Yes / No

Can your child swim at least 5 metres under water?Yes / No

DECLARATION OF YOUR CHILD'S PERSONAL HEALTH AND SWIMMING ABILITY (delete as applicable)

Please sign this declaration so that your child can become a member of Northwich Rowing Club.

'I have read and understood both the Personal Health and Swimming Ability statements above and declare that my Child has no need to seek medical approval / has been passed medically fit to row and that they can / cannot* meet the minimum swimming requirements. I agree to inform the Club / coaches of any change in my Child's personal health and / or swimming ability that may put themselves or others at risk.'*

Parent/Guardian's signature: Date:

NORTHWICH ROWING CLUB CONSENT FORM FOR JUNIORS



EMERGENCY TREATMENT

In the event of an emergency, should you not be contactable, it is important that you give 'in loco parentis' consent for your child to be given appropriate treatment. Please sign below to agree to this.

'I understand that in the event of illness or injury all reasonable steps will be taken to contact me and having parental responsibility for my child, I give permission for first aid to be administered or, where considered necessary, treatment by a suitably qualified medical practitioner.

If I cannot be contacted and my child requires emergency hospital treatment, I authorise a suitably qualified medical practitioner to provide emergency treatment and/or medication.'

I,, Parent/Guardian of
give my consent to the above.

Signature: Date:

GOOD PRACTICE IN ROWING – CHILD PROTECTION PROCEDURES

Child protection procedures for Northwich Rowing Club are available on the Club's Junior Notice Board and on request.

I,, Parent/Guardian of
have studied together with my Child, the Child Protection procedures in place at Northwich Rowing Club.

Signature: Date:

PHOTOGRAPH/VIDEO CONSENT

I,, Parent/Guardian of
give consent to photographs/videos of my child being taken/printed/published in relation to rowing activities whilst a member of Northwich Rowing Club.

Please be aware that, without this consent, photographic images of your child cannot be included in any team or individual photographs.

Signature: Date: