



ROSS REGATTA 2024

Saturday 24th August

Dragon Boat – Parental Consent Form

Name of Child	
Date of Birth	
Address	
Telephone 1	
Telephone 2	
Medical Conditions	Have they any of the following medical conditions (e.g) asthma, hay fever, epilepsy, heart problems, perforated eardrum, diabetes, etc. - No / Yes* If yes please give details below:
*Details	Mention anything that is relevant to physical activity
Medication & Recent Illness	Medicines currently being taken or special needs: No/Yes** details below or overleaf
**Details	

- I give consent for my child to take part in activities with Ross Rowing Club and am aware that this involves paddling on the river.
- I confirm that my child can swim 50 metres is confident in and can tread water wearing light clothing
- I agree that my child will abide by the terms and conditions of Ross Rowing Club Dragon Boat Racing.
- If it becomes necessary for to receive medical treatment & I cannot be contacted by telephone or any other means to authorise this, I hereby give my consent to any first aid or medical treatment & hereby authorise the leader to sign any document required by hospital authorities.
- I understand that the club reserves the right to send any participant home if necessary

Signed:..... **Full Name:**

Emergency Contact Number:

Relationship to young person:.....