



DERWENT ROWING CLUB

MEDICAL DECLARATION FORM V4



This form must be completed before you can be accepted by the club as a member. **Please complete the following medical declaration and return it in a sealed envelope for the attention of the Club Welfare Officer or by email to welfareofficer@derwentrowingclub.co.uk**

Any information given below will be held in confidence; however, it will be necessary to share it with any junior coach who may be responsible for your child's safety during training sessions and/or competitions, or with a senior coach if it may impact on the safety of other members of the crew.

This form is to be completed by the person wishing to apply for membership, or by the parent/ guardian / carer of any person under 18 who is applying for membership.

NAME OF PARTICIPANT:		DATE OF BIRTH:		DATE COMPLETED:	
-----------------------------	--	-----------------------	--	------------------------	--

Rowing and its associated training can be a strenuous activity. The participant should therefore be in good health and have no medical or physical condition precluding heavy exercise.

Some conditions such as asthma and diabetes, for example, do not prevent individuals participating in the sport, but you do have a duty to declare any condition that might put the participant or others at risk. Likewise, you have a duty to declare any changes in personal health whilst a member of the club that may put yourself or others at risk.

If there is any doubt you should first consult your doctor.

Does the participant have any known health conditions that may impact their ability to take part in strenuous exercise, and / or to be on water?
YES / NO

Does the participant have any allergies or take any medications that the club & coaches need to be aware of?
YES / NO

Does the participant currently, or have ever, suffered from any of the following please indicate below.

Asthma	Yes / No	Bronchitis:	Yes / No	Muscular/ Skeletal Injuries:	Yes / No
Diabetes:	Yes / No	Epilepsy:	Yes / No	Ear problems:	Yes / No
Heart Problems:	Yes / No	Blackouts:	Yes / No	Other Medical Conditions:	Yes / No

If you answer yes to any of the above, or are aware of any other condition that may affect your ability to safely participate in the sport, please give details:

PARENT GUARDIAN NAME(IF PARTICIPANT IS UNDER 18)		CONTACT TEL NUMBER
--	--	--------------------

I declare that, to the best of my knowledge, the above information is correct. I will inform the club of any changes.

Signed.....(Senior Participant or Parent/ Guardian if Under 18)

FOR CLUB USE ONLY:

Coach advised of any relevant issues: Y / N

Date:

Signature of CWO

Revision History

Version	Date	Changes
4.0	March 2024	Updated website address and added welfare officer email address