



Coach/volunteer information sheet for away trips

Name in full: _____ Age: _____ Date of birth: _____

Address: _____

Telephone number: _____ Email address: _____

Emergency contact name: _____

Number (work/home/mobile): _____

Alternative emergency contact name: _____

Number (work/home/mobile): _____

Medical information

Do you have any existing medical condition which is relevant to this activity? **Yes** **No**
If so please give details: _____

Do you have any allergies (include food and medication)? **Yes** **No**
If so, please give details: _____

Do you have any specific dietary requirements? **Yes** **No**
If so, please give details: _____

Qualifications and other relevant information

First aid: **Yes** **No** Date of certificate: _____

Launch driver: **Yes** **No** Clean driving licence if required: **Yes** **No**

Coaching awards: _____

Other relevant qualifications: _____

CRB Disclosure certificate

Disclosure no: _____

Registered body: _____ Date of certificate: _____

I have read and agree to comply with the following ARA policies:

- *Safeguarding & Protecting Children Policy* and procedures
- *Row Safe: A Guide to Safe Practice in Rowing*

Signed: _____ Print name: _____ Date: _____