

Coach/volunteer information sheet for away trips

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

Address: _____

Phone Number: _____ Email: _____

Emergency contact name: _____

Phone Number (work/home/mobile): _____

Alternate emergency contact name: _____

Phone 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: _____

Does your child have any specific dietary requirements? Yes No

If so please give details: _____

Do you have any allergies (include food and medication)? Yes No

If so, please give details: _____

Qualifications and other relevant information

First aid: Yes No

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 British Rowing policies:

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

Signed: _____ Print name: _____ Date: _____