



# FERMOY ROWING CLUB

[www.fermoyrowingclub.ie](http://www.fermoyrowingclub.ie)

## PARENTAL CONSENT FORM

Name of Child ..... Date of Birth .....

Parent/ Guardian .....

Address: .....

.....

Tel (day): ..... Tel (evening):.....

Mobile: ..... E-mail: .....

Family Doctor ..... Doctor's Tel No: .....

Does your child suffer from any medical conditions/allergies that the club/ coach should be aware of (including any current medication)

.....

.....

Please provide details of medication that must be administered:

.....

.....

**Emergency contact details:** (If different from above)

Name: ..... Telephone no: .....

Relationship to child: .....

**CONSENT** (please read carefully)

- *I/we agree to my son/ daughter taking part in the activities of the club.*
- *I/we confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above.*
- *I/we understand that the Club or Organisers accept no responsibility for loss, damage or injury caused by or during attendance on any of the clubs organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the Club or the Organisers.*
  - *I/ we acknowledge and consent that photographs may be taken for promotional and record purposes during activities which may include my/our child*
  - *I/ we confirm that my/our child is able to swim a distance of 25 meters in full clothing.*
  - *In the event of my/our child being taken ill or injured during the period of this consent, I/ we hereby consent to any emergency medical, surgical or dental treatment that may be necessary in a situation where I/we cannot be contacted for the purposes of giving consent at the time of treatment. We hereby authorise the coaches specified to communicate our consent to any treating medical or dental practitioner*

Signed ..... (Parent/ Guardian/Carer)

Date: .....