

CAPE CORNWALL

P I L O T G I G C L U B

*

ESTABLISHED 1989

SENNEN COVE

NAME _____

ADDRESS

EMAIL: _____

DOB _____

BEST CONTACT NUMBER : _____

EMERGENCY CONTACT & NUMBER:

GP NAME AND SURGERY CONTACT

MEDICAL QUESTIONNAIRE:

Question	Yes	No	Details
Do you have any medical conditions or allergies?			
Are you taking or do you need any form of Medication?			
If yes to the above, we may require further information from a medical professional prior to participation in rowing activity			

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Statement of Fact	YES	NO
I confirm that I am in good health and consider myself fit to participate in rowing.		
I agree to update the Club secretary and any cox should there be any concern they might need to be aware of.		
I do consent to emergency medical treatment during the course of any club activity.		
Are you a competent swimmer able to swim 50m in light clothing & footwear?		
Are you confident in the sea and safety conscious around water?		
I have been given the clubs welcome pack.		
I understand the club's health and safety guidelines and agree to its conditions.		

Data Protection

I have been made aware of the clubs GDPR policy regarding information held about me and the reason for this YES / NO

I agree to images of me being used on the clubs social media pages and website
YES / NO

SIGNED _____ DATE _____