



# STOUR SAILING CLUB

## Rowing Contact Form 2018

Name				
Address				
Email Address				
Mobile Phone Number				
Are you currently a member of the Stour Sailing Club?	Yes	No		
Do you have any medical conditions or impairments that may affect your ability to take part in coastal rowing? *				
<i>* Should such a medical condition exist then it will not necessarily preclude you from participation but it must be declared, and if you are in any doubt then you should take advice from your doctor.</i>				
Are you able to swim at least 50m? **	Yes	No		
<i>** If you are not able to swim then you will be required to wear a buoyancy aide or lifejacket for rowing. You may choose to wear a buoyancy aide or lifejacket for rowing at any time regardless of your ability to swim.</i>				
Please use this box to give us any additional information you would like us to be aware of				
As a condition of our Sport England Funding we have to report back some basic statistical information on rowing at the Club - can you please provide the information below:				
Age	Gender	How would you describe your ethnic origin?	Do you have a disability or a limiting long term illness?	Do you regularly take part in any other sport/physical activity?
Declaration – I understand that participation in coastal rowing is undertaken at my own risk. I agree that the personal data within this form may be used by Stour Sailing Club for the organisation and administration of rowing at the Club and may be stored on computer under the terms of the Data Protection Act 1984.				
Signature				
Date				