

Richmond Canoe Club Ltd

Founded 1944



JUNIOR PADDLER INFORMATION SHEET

Please complete this short form carefully for our records

Name
Date of Birth
Address
Postcode
Telephone Number
Medical Information <p>There is certain information we need to know about the person for whom you are signing this form. This information is confidential and the questions are designed not to prevent participation, but to help ensure safety of this person.</p> <p>Has the person for whom you are signing the form suffered from any disability or illness? E.g. asthma, diabetes, epilepsy or a heart complaint. YES/NO</p> <p>Are they taking any form of medication? YES/NO</p> <p>Do they suffer from any allergies? YES/NO</p> <p>If you answer yes to any of the above, please give details and any other information of which we should be aware.</p>
How far can the person swim in light clothing?
Name of parent/guardian
Contact Telephone Number

I, parent/guardian of declare that the above information

canoeing activities. I certify that he/she can swim at least 50m in light clothing.

Signature of parent/guardian

Date

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