



# POOLE AMATEUR ROWING CLUB JUNIOR MEMBERSHIP APPLICATION FORM

**Name:**

**Home Phone:**

**Parent /Guardian Work Phone:**

**Mobile:**

**E-Mail:**

**Address:**

**Date Of Birth:**

**Name of Parents / Guardians:**

## **Injuries Or Illness:**

Is Your Child Currently Or Has He / She Ever Suffered From Any Of The Following? Please Indicate Below. This Information Is Confidential But Important To Ensure Your Child's Well Being As An Athlete.

Asthma: Y/N                      Epilepsy: Y/N                      Diabetes Y/N

Bronchitis: Y/N                      Blackouts: Y/N                      Ear Problems: Y/N

Muscular / Skeletal Injuries: e.g. Back Injury: Y/N

Is He / She Currently Taking Any Form Of Medication: Y/N

If You Answer Yes To Any Of The Above Please Give Details:

Can She / He Swim 100m In Sports Kit? Y/N

**Signed:**

**Date:**