Firth of Clyde Coastal Rowing Club

Under 18s Consent Form

Member (u18)	Name:	Date of Birth:
Responsible Person	Name:	Relationship:
By signing this form y	ou agree to:	
2) The named me	ember (u18) being g	ing regattas and other events with the Club. given first aid and/or urgent medical treatment in the y activity with the Club.
You must also comple	ete a Membership	Form and Emergency Information Forms.
Please make the Club particular event or to		ot want the named member (u18) to attend any ivity.
		hing else you wish the Club to be aware of that is not ership Form or Emergency Information Forms
Responsible Person Signatur	re	
Signed:		Date:
	,	