

INFORMATION AND CONSENT FORM

Name:

Date of Birth:

Height:

Weight:

Course:

Year of graduation:

College:

Address:

E-mail:

Telephone (home):

(work):

Mobile:

Are you a member of the ARA?

YES/NO

Side (Bow / Stroke / Both / No idea):

Previous rowing experience:

Previous sporting experience:

Rowing ambitions:

Next 12 months:

By the time you quit:

Can you swim 100m in full clothes?

YES/NO

Do you have a history of health problems?
(Eg. Asthma, diabetes, epilepsy, heart...)

YES/NO

Do you have any physical disabilities or chronic injury problems? YES/NO

Do you take any medication? (Eg. Insulin, ventolin)

YES/NO

In Case of Emergency

Contact:.....