

Royal Hong Kong Yacht Club School Rowing 2018-2019 Participant Information & Indemnity Form

Rower's Name:	Rower's DOB (d/m/y):
School Name:	RHKYC Membership # (if applicable):
Rower's Email:	Rower's Mobile Number:
Parent/Guardian's Name (Primary Contact):	Primary Contact's Mobile Number:
Primary Contact's Email:	Parent's RHKYC Membership # (if applicable):
above student can swim at least 50 meters in light clothing a life jacket will be provided). I agree that if the above studin this Youth Rowing Programme I shall not hold the Roya	er from any illness that render him/her unfit for this activity. I declare that the g and is competent under water and treading water in light clothing (otherwise dent suffers damage, death or personal injury as a result of him/her participating Il Hong Kong Yacht Club or the Course Instructors liable for such damage,
death or personal injury and I make this agreement in full	knowledge of the risks inherent in these activities
>Medical:	knowledge of the risks inherent in these activities.
>Medical:	gies/disabilities
>Medical: Please attach details of any medical conditions/allerge	
>Medical: ☐ Please attach details of any medical conditions/allerg ☐ Please attach details of any medication the above stu It is your responsibility to make known any potential medicals.	ples/disabilitiesudent is receiving for any conditionlical conditions that may affect the above student's own personal safety during
>Medical: Please attach details of any medical conditions/allerguments. Please attach details of any medication the above students is your responsibility to make known any potential medithe activities associated with the course/training. Addition	gles/disabilitiesudent is receiving for any conditionlical conditions that may affect the above student's own personal safety during
>Medical: ☐ Please attach details of any medical conditions/allerg ☐ Please attach details of any medication the above stu It is your responsibility to make known any potential medithe activities associated with the course/training. Addition with special needs. >Promotion: I understand that participants in RHKYC Rowing Activities.	gies/disabilities
>Medical: ☐ Please attach details of any medical conditions/allergous please attach details of any medication the above states the syour responsibility to make known any potential medithe activities associated with the course/training. Addition with special needs. >Promotion: I understand that participants in RHKYC Rowing Activities use their image and likeness in any media, including the states of th	pies/disabilities

Remarks: Please fill and sign the above and return to your school coordinators before programme starts. Students won't be allowed to row on the water without the forms submitted.