Tideway Scullers School The Alec Hodges Summer Sculling Course

Open to athletes of any sculling ability, both rowers and scullers

30th July - 3rd August 2007

9.00 - 16.00



9.00 - 16.00			
Application and Consent Form	Date of Birth:		
Name:	Gender:		
Address:	Telephones:		
	Home:		
	Mobile:		
Postcode:	e-mail:		
In the event of an emergency, please call the person:	s Emergency Number:		
Declaration of health and swimming ability:	(please cross out 'yes' or 'no' as appropriat	re)	
Do you have any special need that our coaches	s should be aware of?	Yes/No	
Do you suffer from any known medical or physical conditions that might affect you in the course of physical exercise? Yes/No.		Yes/No	
If you have answered 'yes' to the above, please give details:			
Can you swim 200 metres unaided in light clothing?		Yes/No	
Sculling ability – tick all boxes that apply: I have sculled regularly for years, I have com		-	
Rower converting to sculling? Yes/No	Height in ft/in: Weight	in Kilos:	
Rowing Club if any:			
Application:	like to attend the Tideway Scullers five child attending the Tideway Scullers five day sculling		
Yes, I'd like to attend the Tideway Scullers five			
day sculling course. Please book me a place.	purposes. I give my consent to this. I details on this form and confirm that the	have checked the	
Applicant's signature:	Parent's signature:	Parent's signature:	
Date:	Date:		
Main objective in attending the course:			
-			
Any other information:			