

Junior Rowers Questionnaire



This questionnaire must be completed by the parent or guardian of any child before they can go rowing with IPGC.

Name of rower:

Name of parent / guardian:

Address:

Email:

Mobile phone no.

YES NO

- Has your child ever fainted or become dizzy whilst exercising?
- Have your child ever had chest tightness, cough, wheezing which made it difficult for them to do sport?
- Has your child's GP ever said that your child has a heart condition?
- Does your child feel pain in their chest when they do physical activity?
- In the past month, has your child had chest pain when not performing physical activity?
- Does your child lose balance because of dizziness or ever lose consciousness?
- Does your child have a bone or joint problem that could be worsened by a change in their physical activity?
- Has your child ever suffered from epilepsy?
- Has your child routinely taken any medication in the last two years?
- Has your child ever had rheumatic fever?
- Do you know of any other reason why your child shouldn't exercise?

If you answered **YES** to one or more of the questions above, please visit or speak with your child's GP and sign the declaration below before participating in these water sport activities.

- I have answered **YES** to one or more of the above questions and have seen my child's GP who has affirmed that my child is able to participate in rowing.
- I certify that my child is able to swim 25 metres or more.
- I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction by a senior club member.

Signature of parent/guardian: Date: