STOUR SAILING CLUB

Rowing Contact Form 2025

Name	
Address	
Email Address	
Mobile Phone Number	

	Yes	No
Are you currently a member of the Stour Sailing Club?	Yes	No

Do you have any medical conditions or impairments that may affect your ability to take part in coastal rowing? *	

Should such a medical condition exist then it will not necessarily preclude you from participation but it must be declared, and if you are in any doubt then you should take advice from your doctor.

	Yes	No
Are you able to swim at least 50m?**	Yes	No

*** If you are not able to swim then you will be required to wear a buoyancy aide or lifejacket for rowing. You may choose to wear a buoyancy aide or lifejacket for rowing at any time regardless of your ability to swim.*

Please use this box to give us any additional information you would like us to be aware of	

As a condition of our Sport England Funding we have to report back some basic statistical information on rowing at the Club - can you please provide the information below:

Year & Month of Birth	Age	Gender	How would you describe your ethnic origin?	Do you have a disability or a limiting long term illness?	Do you regularly take part in any other sport/physical activity?
/					

Data Protection
The information you provide on this form will be used solely for dealing with you as rower with Stour Sailing Club.
The Club has a Data Privacy Policy which can be found on the website www.stoursailingclub.co.uk and your data will be stored and protected in accordance with this policy.
The Club may arrange for photographs or videos to be taken of Club activities and published on our website or social media channels to promote the Club.

If you consent to your image being used in this way, please tick here. ☐

If at any time you wish to withdraw your consent for the above, please email rowing@stoursailingclub.co.uk

Signature	
Date	