

Worcester Dragon Boat Racing Club

Young Person's Record Form

Young Persons Name:.....

Date Of Birth:.....

Home Address:.....

.....

.....Postcode:.....

Telephone Number:.....

Mobile Number:.....

Email Address:.....

BDA Membership No:.....

Your child's mobile and email address will only be used to contact them with information about race dates, training sessions and clubs events.

Doctors Name:.....

Surgery Address:.....

.....Postcode:.....

Surgery Telephone Number:.....

Does your child have any special needs:.....

.....

.....

Parent/Guardian/Carer's Contact Details

Are you a Member of the Worcester Dragon Boat Racing Club: Yes/No

Parent/Guardian/Carer's Name:.....

Address:.....

.....Postcode:.....

Telephone number:.....

Mobile:.....

Email Address:.....

Relationship to the above named Young Person:.....

Are you a Member of the Worcester Dragon Boat Racing Club: Yes/No

Parent/Guardian/Carer's Name:.....

Address:.....

.....Postcode:.....

Telephone number:.....

Mobile:.....

Email Address:.....

Relationship to the above named Young Person:.....

Are you a Member of the Worcester Dragon Boat Racing Club: Yes/No

Parent/Guardian/Carer's Name:.....

Address:.....

.....Postcode:.....

Telephone number:.....

Mobile:.....

Email Address:.....

Relationship to the above named Young Person:.....