**LAGAN DRAGONS HEALTH DECLARATION FORM**

Based at Belfast Boat Club, 12 Lockview Road, Belfast, BT9 5JF

E-Mail: [info@lagandragons.com](mailto:info@lagandragons.com)

Dragon boating is a physical sport and accidents may occur. Lagan Dragons has public liability insurance should any serious accident occur. We also have access to buoyancy aids which are expected to be worn during all training and racing.

New paddlers must complete this form prior to first paddle, which helps us identify any medical conditions that we should be aware of in order for us to best protect you. Having any of the conditions below will not necessarily exclude you from paddling, but allows the coaches to tailor a session for any physical limitations and allows committee members to help you if you become unwell while paddling.

All club members should complete this form once, and are responsible for updating information by completing a new form if circumstances change which have the potential to influence fitness to paddle.

***GDPR compliance:*** *Health-related data is held securely on a database accessible only to the coaches, the Secretary, and also First Aid officers should you become unwell. An individual’s data can be shared with that member on request. All members retain the right ‘to be forgotten’ and health data will be deleted when a member leaves the club. Signing this form is taken as your consent for the club to hold and process this data as above, and may be revoked at any time on request to the Secretary.*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any of the following? (If yes please circle, if no cross out)**

Any major illness in the last 6 months (please detail below)

Blackouts / Headaches / Migraine / Dizziness Epilepsy

Significant allergies Diabetes (detail any medication for this)

Asthma / bronchial Illness Heart complaints

Pregnancy Back / Neck problems / Significant bone disease

Uncontrolled high blood pressure

Recent (6 months) chemotherapy or on any other drugs affecting the immune system

Recent (6 months) injuries / operations

Do you have any other condition which might influence ability to exercise on water? YES NO

Details / dates of the above or any other potentially relevant condition;

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I consent to emergency medical treatment being given if deemed necessary during the course of training with Lagan Dragons .

YES NO Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of General Practitioner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Practice name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration of fitness to participate (By participants if over 16, if under 16 by Parent / Guardian)**

I, the undersigned, confirm that the above details are correct. I am aware that, as with all water sports, the training session(s) conducted by Lagan Dragons involves the potential of inherent risk of personal injury. I understand that Lagan Dragons has undertaken full risk assessments on all activities and has taken every effort to minimise these risks; however I am aware that all risk cannot be eliminated and that it may still be possible for an accident to occur which may not have been foreseen. I will comply with instructions given by coaches, will attend for training suitably dressed and will not attend intoxicated or otherwise under the influence of any substance which risks harm to myself or others on the boat.

I confirm that professional medical advice has been sought regarding any relevant medical condition mentioned above and that the person to whom this form relates is to the best of my knowledge fit to participate.

SIGNED DATE

For training and advertising purposes, photographs may be taken during activities. If you **DO NOT** want to be photographed, please tick the box