

**Royal Welsh**



**Yacht Club**

Established  
1847

**ROYAL WELSH YACHT CLUB – ROWING**

**Joining Enquiry / Trial Row Questionnaire**

Full name: \_\_\_\_\_

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

Mobile: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

**Info required by Welsh Sea Rowing:**

Do you have any previous experience of rowing? Yes or No \_\_\_\_\_

If yes, what? \_\_\_\_\_

Can you swim at least 25 metres? \_\_\_\_\_

**Emergency Contact:** Name: \_\_\_\_\_

Mobile: \_\_\_\_\_ Alternative phone: \_\_\_\_\_

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

**Medical Information**

Do you have any allergies? If yes, please give details: \_\_\_\_\_

Do you need to carry any medication? E.G. An Epipen or an Inhaler \_\_\_\_\_

If yes, please give details: \_\_\_\_\_

Are there any other medical conditions that could affect your physical ability?

This form will be sent to our Rowing Secretary.

You can contact them by email: [rowing@royal-welsh.com](mailto:rowing@royal-welsh.com)