Saturday 30th and Sunday 31st May 2026

NEXT OF KIN / MEDICAL INFORMATION FORM

To be held by, or be available to, a nominated Shoreside Contact throughout the event, whose contact details are given to the organisers.

Club Name:

Cox / Crew names	**Next of Kin name & contact details**

RELEVANT MEDICAL INFORMATION - indicated by * next to crew name - to be held in confidence by the Shoreside Contact for use only in a medical emergency

Shoreside Contact information to be given to Bembridge Gig Fest organisers:

Name: ……..

Telephone number(s): ……..……..……..…..

Continuation sheet …

YARMOUTH
GIG ROWING CLUB

Bembridge Harbour Authority

Club Name:

Cox / Crew names	**Next of Kin name & contact details**

RELEVANT MEDICAL INFORMATION - indicated by * next to crew name - to be held in confidence by the Shoreside Contact for use only in a medical emergency