**Visually Impaired Rowing Open Day**

**Name: …………….………………………………………..………………**

**Tel / Mobile: ………………………………………………………………**

**E-mail : ……………………………………………………….…………..…**

**Emergency Contact for Open Day (Name & Number) :**

 **………………………………………………………………………………….**

 **Photo Consent:** Photos and videos will be used for promotional reasons by All-Aboard, Sight Support & Bristol Gig Club.

 **Communication Consent:** You are happy for All-Aboard to e-mail you or contact you about future projects or watersport opportunities.

**Progression from Open Day:** If you enjoy your rowing experience, would you like to be contacted about attending:

 Learn to Row Courses (6 – week course)

 Informal rowing sessions with an instructor

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**Equality Monitoring Form**

**Gender** (Please tick the gender you identify as)

[ ]  Male [ ]  Female [ ]  Non-binary

[ ] Intersex

**Age**

[ ] 16 - 24 [ ]  25 - 34 [ ]  35 - 44 [ ]  45 – 54

[ ] 55 – 64 [ ]  65 - 74 [ ]  75 – 84 [ ]  85 +

**Ethnicity**

[ ] White [ ] Black [ ] Asian [ ] Mixed race

[ ] Other

**Disability** (Tick appropriate)

[ ] Visual [ ] Physical [ ] Hearing

[ ] Learning [ ] Social [ ]  Mental Health