**Warrington Rowing Club – Membership Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | Date of Birth: |  | Male/Female |
| Address: |  |
|  |
|  | Postcode: |  |
| Tel Home: |  | Mobile: |  |
| Email: |  |

**Please tick as appropriate: Monthly**

 Senior (Competitive) £27.50

 Senior (Recreational) £20

 Student (Full-time over 18 only) £25

 Junior £25

 Coxswain £5

 General Member £5

 Boat Rack Rental £8

 Oars Rack Rental £2

 Locker Hire £1

Monthly standing order to: Warrington Rowing Club

Account No: 47636813

Sort Code: 05-09-67

Reference: members surname and initial of first name then SUBS

**Declaration over 18**:

 I am over 18 years of age

 I agree to abide by the rules and regulations of the Club and the sport of rowing

 I am able to swim a minimum of 50 meters in rowing kit

 I give permission for my contact details to be used by the Club on appropriate Club business

I give permission for the club to use photographs of me in articles and stories submitted to accredited news and sports media and in promotional material produced by the club

 I have completed the Health and Emergency Contact Information overleaf

|  |  |  |  |
| --- | --- | --- | --- |
| Member’s Signature: |  | Date: |  |

**Declaration Under 18** (to be completed by parent/carer):

 I agree to my child becoming a member and taking part in the activities of the Club

 I agree my child will abide by the rules and regulations of the Club and the sport of rowing

 My child is able to swim a minimum of 50 meters in rowing kit

 My child has participated in a supervised ‘Capsize Drill’

|  |  |  |  |
| --- | --- | --- | --- |
| At (place): |  | On (date): |  |

 I give permission for my contact details to be used by the Club on appropriate Club business

I give permission for the club to use photographs of my child in articles and stories submitted to accredited news and sports media and in promotional material produced by the club

I confirm I have completed the Health and Emergency Contact Information overleaf

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Relationship: |  |
| Tel No: |  | Alt Tel No: |  |
| Email Address: |  |
| Signature of parent/carer: |  | Date: |  |

**Health and Emergency Form**

It is important that we are aware of any health issues that could affect your/ your child’s participation in the sport of rowing. Please complete this health form; all information will be treated with the strictest confidentiality.

**Medical Information**

Please detail below any important medical information that our coaches/ junior co-ordinator should be aware of (e.g. epilepsy, asthma, diabetes, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you/ your child suffer from any allergies? If so could you specify?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disability**

The Disability Discrimination Act 1995 defines a disabled person as anyone with a ‘physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’.

Do you consider you/ your child to have a disability?

 Yes No

If yes, what is the nature of the disability?

 Visual Impairment

 Hearing Impairment

 Physical Disability

 Learning Disability, for example dyslexia

 Multiple Disabilities

 Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that rowing is undertaken at my own risk. I confirm that I do not suffer from any disability or medical condition which may render me unfit for strenuous exercise.\*

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (if under 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact details**

Irrespective of any health issues the Club is required to hold emergency contact information on behalf of all members.

Who should the Club contact in case of an emergency relating to this member?

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| Relationship: |  |  |  |
| Tel No: |  |  |  |
| Alt Tel No: |  |  |  |

**Any other relevant information**

Please feel free to let us know anything else relevant to you/your child’s safe participation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your cooperation. Completed forms may be left in the ‘Membership Secretary’ folder at the clubhouse or given to Charlotte Moll (Membership Secretary).

 \*Should a medical condition exist, this will not necessarily preclude you from membership / participation, but it must be declared. Should you be in any doubt, advice should be sought from your family doctor.