**PLEASE USE BLOCK CAPITALS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Postcode |  |  |  |  |  |  |  |  | Date of Birth |  |  | / |  |  | / |  |  |  |  |
| Home Telephone | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  | Gender: Male / Female |
| Mobile | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Please tick as appropriate (Fees per calendar month)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Senior (Competitive) | £27.50 |  | Boat Rack Rental | £8.00 |
|  | Senior (Recreational) | £20.00 |  | Oar Rack Rental | £2.00 |
|  | Student (Full-time over 18 only | £25.00 |  | Locker Hire | £1.00 |
|  | Junior | £25.00 | Please note that owners of private equipment stored at the Club should have adequate insurance cover. |
|  | Coxswain | £5.00 |
|  | General Member | £5.00 |

|  |
| --- |
| Monthly standing order to: |
| Account Name: Warrington Rowing Club. Sort Code: 05-09-67 Account Number: 47636813 |
| Payment reference: Members surname and first name initial then SUBS |

|  |  |  |
| --- | --- | --- |
|  | **Learn to Row course** | £100.00 one-off fee payable by cheque prior to start of course |

**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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Telephone (1) | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Telephone (2) | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature of parent/carer: |  | Date  |  / / |

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? |  | Physical Disability |
|  | Visual Impairment |  | Learning Disability, for example dyslexia |
|  | Hearing Impairment |  | 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Telephone (1) | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Telephone (2) | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**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 scanned and emailed to membershipwrc@outlook.com

 \*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.