

Membership Application Form

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)

<input type="checkbox"/>	Senior (Competitive)	£32.50	<input type="checkbox"/>	Boat Rack Rental	£8.00
<input type="checkbox"/>	Senior (Recreational)	£25.00	<input type="checkbox"/>	Oar Rack Rental	£2.00
<input type="checkbox"/>	Student (Full-time over 18 only)	£30.00	<input type="checkbox"/>	Locker Hire	£1.00
<input type="checkbox"/>	Junior	£30.00	<input type="checkbox"/>	General Member / Coxswain	£5.00
<input type="checkbox"/>	Far away Student	£5.00			

Monthly standing order with a payment reference of **Members surname and first name initial then SUBS** to:
 Account Name: WRC Ltd Sort Code: 05 09 67 Account Number: 47480604

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/video of me in articles and stories submitted to accredited news and sports media, in Club promotional material and for coaching purposes

I have completed the Health and Emergency Contact information overleaf

I agree to become a member of Warrington Rowing Club Ltd (the Company). Accordingly, I agree to guarantee the debts (if any) of the Company up to a maximum amount of £1 (one pound) if the Company is wound up while I am a member.

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/video of my child in articles and stories submitted to accredited news and sports media, in Club promotional material and for coaching purposes

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

Name											
Relationship											
Telephone (1)		0									
Telephone (2)		0									
Email											
Signature of parent/carers:							Date			/	/

Membership Application 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?	<input type="checkbox"/>	Physical Disability
<input type="checkbox"/> Visual Impairment	<input type="checkbox"/>	Learning Disability, for example dyslexia
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/>	Multiple Disabilities
<input type="checkbox"/> 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.