



BECCLES ROWING CLUB – JUNIOR MEMBERSHIP FORM (OCTOBER 2009 – SEPTEMBER 2010)

- Rowing activities on the water and its associated training can be performed safely if we manage the risks.
- Part of risk management is gathering information on health and swimming proficiency.
- The Club will regularly hold swim tests and training in capsizing procedures.
- This information is confidential but important to ensure your child's welfare as a participant.
- Our club follows the Amateur Rowing Association's guidelines to ensure participant safety.
- Please provide the personal information requested below.

Name (in full)			
Address (inc postcode)			
Tel Home		Date of Birth	
Tel Work		E-mail address	
Tel Mobile		Occupation	
ARA number		Sculling Points	
Coaching Qualifications		Rowing Points	
<p>Medical History – If you have ever experienced, or are currently suffering from, any of the following, please indicate this below.</p> <p>This information will be kept confidential and is important to ensure your wellbeing as an athlete and to ensure appropriate checks and preparations are in place to allow your safe participation at Beccles Rowing Club.</p>			
Condition		Details	
Asthma	Y/N		
Epilepsy	Y/N		
Diabetes	Y/N		
Bronchitis	Y/N		

Blackouts	Y/N	
Ear (Balance/Hearing) Problems	Y/N	
Visual impairment	Y/N	
Muscular/skeletal injuries (eg back, wrist)	Y/N	
Do you suffer from any allergies	Y/N	
Are you currently taking any form of medication	Y/N	

Your membership fees

Junior Membership	£60	Fees can be paid in one lump sum or by interest free instalments. Cheques should be payable to BECCLES ROWING CLUB. To pay by instalments you will need to arrange a standing order with your bank. You will need to speak to Stuart Lamb (Treasurer) to obtain the club's bank details.
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Declaration of Your Personal Health & Swimming Proficiency

To be accepted as a member you must sign this declaration.

I am able to swim 50m unaided and tread water for 2 minutes in light clothing.

I have given details of any special medical conditions overleaf

Applicant's signature

Date

Consent

- I apply for my child to become a Junior member of Beccles Rowing Club.
- I agree to my child taking part in the activities of the club and I understand that I will be kept informed of these activities.
- I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and, having parental responsibility for the above child, I give permission for medical treatment to be administered where considered necessary by a first-aider or suitably qualified medical practitioner.
- If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.
- If there are any changes in my child's medical circumstances I will inform the club immediately.

Parent/Carer's Name

Signature

Date

IMPORTANT NOTE: Periodically the club may use video as a medium to help improve technique. The club will use this footage purely for coaching purposes with the individuals involved and will, on request, be made available to the appropriate parent/guardian for viewing. If you object to use of video with your child please advise the club in writing and we will, without hesitation, respect your wishes.

In the event of an incident / emergency please provide a name and telephone number of the person to be contacted.

Emergency contact name

Telephone number

Completed forms should be returned to: Stuart Lamb
12 Bluebell Way
Worlingham
Beccles
Suffolk
NR34 7BT