



BECCLLES ROWING CLUB – JUNIOR MEMBERSHIP FORM

Season: October 2016 – September 2017

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. This information is confidential but important to ensure your child’s welfare as a participant. Our club follows the British Rowing 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	
British Rowing Membership Number			
Rowing Points		Sculling Points	
Volunteering We are a club of enthusiastic volunteers and in order to provide a Junior Section we rely upon parents' support and goodwill Please indicate which activity you are able to assist with in support of your child's rowing.			
Launch Driving	Boat Loading	Assisting Junior Outings	Other
Known Health Conditions			Comments
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	
Junior Membership Fee	£120 p.a. or £10 per month	Fees can be paid annually with a cheque payable to Beccles Rowing Club or by monthly standing order- contact the club secretary for the account details.
Family Membership Fee		First member pays full fee and subsequent members pay £2 per month less

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 above

Parent/Guardian'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.
- I will inform the club of any changes in my child's medical circumstances.
- I will check the junior rota on the website before sending my child down to a club session in case of cancellations.

Digital media consent:

Periodically the club may use video or photography during training. Please indicate whether you object to these images or videos from:

Being used internally for coaching/feedback to other juniors - **Y/N**

Being published on the club's website - **Y/N**

Parent/Carer's Name:

Signature:

Date:

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: