

Sudbury Rowing Club – Membership Application Form

1st November 2014 to 31st October 2015

Please hand or post the completed form with payment if applicable, to Hon. Treasurer,
Sudbury Rowing Club, c/o Quay Theatre, Quay Lane, Sudbury, Suffolk. CO10 2AN

Please complete, delete or circle as applicable:

Name (capitals)		Date of birth	
Address		Gender	Male/Female
		Previous rowing experience and clubs	
		Rowing points	
Telephone (home)		Sculling points	
Telephone (mobile)		BR membership No.	
E-mail			
Parent's e-mail if applicant is under 18 years old			

Please circle membership category and subscription payment option selected:

Membership Category		Membership Rights		Subscription Payment Option	
		Use of Boats and Related Equipment ¹	Voting	Standing Order	In Advance ²
Adult -18 years or over on 1 st September 2014		Yes	Yes	£28/month	£280
Junior - under 18 years on 1 st September 2014		Yes	Yes	£18/month	£180
Family - available to one adult, partner and children		Yes	Yes	£56/month	£560
Off-Peak – aged 18 or over on 1 st September 2014		Only on weekdays, including public holidays, between 09.00 and 16.30.	Yes	£18/month	£180
Student - in full-time education	Continuous membership	Yes	Yes	£18/month	£180
	Intermittent membership	Yes	No	£18/month	N/A
Cox		Restricted to coxing and land training.	No	£3/month	£30
Day		Restricted to specific facilities.	No	N/A	£10/day
Learn to Row – includes instruction and coaching		Restricted to specific facilities.	No	N/A	£100
Taster		Restricted to specific facilities.	No	FOC	
Associate		Restricted to use of coaching facilities.	No	£5/month	£50

Payment:

Cheques should be made payable to “Sudbury Rowing Club”. Bank details and instructions for transfers or monthly standing orders are available from the Hon. Treasurer at treasurer@sudburyrowingclub.org.uk

¹ Subject to club rules on use of equipment

² In advance means before the start of the Subscription Year

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I enclose payment of £
payments.

/I have arranged a bank transfer/I have arranged standing order

Health:

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 doctor.

Please indicate if you have suffered from any of the following:

Asthma	Yes/No	Diabetes	Yes/No	Blackouts	Yes/No
Bronchitis	Yes/No	Ear problems	Yes/No	Epilepsy	Yes/No
Musculo-skeletal injuries e.g. back pain.					Yes/No
Are you currently taking any form of medication?					Yes/No

If you answer yes to any of the above, or know of any other medical reasons that might affect your ability to row or render you unfit for strenuous exercise, please give details:

Safety:

Can you swim at least 50m in sports kit? Yes/No

Have you ever done a rowing/sculling capsized drill? Yes/No

Emergency contact details:

Name of contact		Relationship to you	
Home Telephone		Mobile Telephone	

Declaration:

1. I declare that the above data is correct and agree to be bound by the constitution, rules and guidelines of the club.
2. I agree that the personal data within this form may be used by Sudbury Rowing Club and may be stored on computer under the terms of the Data Protection Act 1984. (Unincorporated Members' Clubs are exempt from registering under section 32(2) of the act.)
3. I am aware that video and still cameras are used by the club for coaching purposes and I give permission for any recording/film made of me/my son/my daughter to be used for this purpose at Sudbury Rowing Club.
4. Upon acceptance into membership of Sudbury Rowing Club I understand that rowing is undertaken at my/my son's/my daughter's own risk.

Signed:

Date:

In the event that the applicant is under the age of 18 years at the time of application, this form should be counter-signed by a parent or guardian.

Parent/Guardian's Name:

Signed:

Date: