# <u>Sudbury Rowing Club – Membership Application Form</u> 1st November 2017 to 31st October 2018

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 Rights  |                              | Subscription Payment Option |   |
|--|-----------------------------|--|------------------------------|-----------------------------|---|
| Membership (                                     | Category                    | Use of Boats and Related Equipment <sup>1</sup>                                | Voting                       | Standing<br>Order           | In Advance <sup>2</sup>   |
| September 20                                     |                             | Yes  | Yes                          | £30/month £300              |   |
| Junior - under<br>September 20                   | 18 years on 1st<br>17       | Yes  | Yes                          | £20/month                   | £200  |
| Family - availa partner and ch                   | ble to one adult,<br>ildren | Yes  | Yes                          | £60/month                   | £600  |
| Off-Peak – aged 18 or over on 1st September 2017 |                             | Only on weekdays,<br>including public<br>holidays, between<br>09.00 and 16.30. | Yes                          | £20/month                   | £200  |
| Student in                                       | Continuous membership       | Yes  | Yes                          | £20/month                   | £200  |
| Student - in full-time education                 | Intermittent<br>membership  | Yes  | No                           | N/A                         | Term time only: £100<br>Christmas £25<br>Easter £25<br>Summer £50 |
| Cox  |                             | Restricted to coxing and land training.  | No                           | £3/month £30                |   |
| Day  |                             | Restricted to specific facilities.   | No                           | N/A £10/day                 |   |
|  | · I YAS I · ·               |  | £100 plus monthly membership |                             |   |
| Taster   |                             | Restricted to specific facilities.   | No                           | FOC                         |   |
| Associate  |                             | Restricted to use of coaching facilities.                                      | No                           | No £5/month £50             |   |

<sup>2</sup> In advance means before the start of the Subscription Year or relevant session

<sup>&</sup>lt;sup>1</sup> Subject to club rules on use of equipment

# <u>Sudbury Rowing Club – Membership Application Form</u>

#### 1st November 2017 to 31st October 2018

#### **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. Treasu | rer at treasurer@sudburyrowingclub.org.uk   |

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:

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Can you swim at least 50m in sports kit?

Yes/No

Have you ever done a rowing/sculling capsize 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: |
|-----------|-------|
| Olgi loa. | 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/ | 'Guard | lian's | Name |
|---------|--------|--------|------|
|---------|--------|--------|------|

Signed: Date: