



POOLE AMATEUR ROWING CLUB MEMBERSHIP APPLICATION FORM

Name:

Home Phone:

Work Phone:

Mobile:

E-Mail:

Address:

Date Of Birth:

Type Of Membership:

Full:	£85.00	
Non Competitive:	£85.00	
Unemployed / Full Time Student	£40.00	
Social:	£5.00	

Injuries Or Illness:(Rowing Applicants)

If You Currently Or Have Ever Suffered From Any Of The Following Please Indicate Below. This Information Is Confidential But Important To Ensure Your Well Being As An Athlete.

Asthma: Y/N Epilepsy: Y/N Diabetes Y/N

Bronchitis: Y/N Blackouts: Y/N Ear Problems: Y/N

Muscular / Skeletal Injuries: e.g. Back Injury: Y/N

Are You Currently Taking Any Form Of Medication: Y/N

If You Answer Yes To Any Of The Above Please Give Details:

Can You Swim 100m In Sports Kit? Y/N

Signed:

Date: