



www.poolerowingclub.org.uk

POOLE AMATEUR ROWING CLUB

2011 JUNIOR MEMBERSHIP APPLICATION FORM

ROWERS Name:

Home Phone:

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Parents Work Phone:

Rowers or Parents Mobile:

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E-Mail: The appropriate address we may email for club events and activities

Rowers date of birth

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Address:

Type of annual membership: Paid from the first time of rowing

JUNIOR	£50.00
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PAYMENT METHOD

CHQ

CASH

Please tick box
AMOUNT PAID £

Have you rowed before, if so where?

If you have rowing status points, or were a committee member or officer please show state:

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 they Swim 100m In Sports Kit? Y/N

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

Qualifications (Y/N): FIRST AIDER Coach RYA2

What Skills can they help the club with? _____

We may email or text the above person for forthcoming club events or races. The club does not share any personal data.

I authorise Poole Rowing Club coaches to train and coach the person named above in accordance with any techniques necessary to ensure safe rowing is achieved at all times.

It is also the responsibility of the above person to notify personal circumstances to new (who they have not previously trained with) coaches or coxswains on any boating event.

I understand and agree to photographs being taken for club events, promotion or racing.

What Skills can you help the club with? _____

(This helps keep membership fees down- boat prep and maintenance, handywork, cleaning, tidying, a trade or skill, preparing posters, mtce ergos etc etc etc)

We may email or text you for forthcoming club events or races, The club never shares any personal data.

Signed:

Parent/Guardian

Date: