

Approved at Executive Committee meeting on:.....

# DURHAM AMATEUR ROWING CLUB

City Boathouse, Green Lane, Durham, DH1 3JU

Tel: 0191 3866431 Website: www.durham-arc.org.uk



## **Membership Application Form**

(Please use BLOCK CAPITALS)

Date.....

I wish to become a Full/Associate/Recreational/Junior/Temporary/Social Member of Durham ARC

Full Name of Applicant.....

Full Address.....

..... Post Code.....

Date Of Birth..... Tel. No.....

Occupation..... E-mail.....

Previous Club / Sport (if any).....

Status / Points..... BR Reg. No.....

Emergency Contact – Name..... Tel No.....

(Must be Parent / Guardian Contact for Junior Members)

### **Annual Subscription**

Subscriptions are due on the 1<sup>st</sup> October. The current rates and conditions are displayed on the club notice board. A £25 deposit should be paid on application, the remainder can be paid in one payment by cheque or monthly by direct debit. Membership commences on payment of deposit.

I enclose a deposit of £..... Received By ..... Date.....

**(Please delete) I wish to be billed for the balance / I enclose a completed direct debit form**

### **Declaration of Personal Health / Swimming Proficiency**

Applicants WILL NOT be accepted without this declaration being signed by the applicant (or Parent / Guardian if under 18 years of age).

‘I have completed the Personal Health / Swimming Proficiency overleaf and declare that I meet the swimming requirement and have no need to seek medical approval to row / have been passed medically fit to row\*’ (\*delete as appropriate).

Applicant’s Signature..... Parent / Guardian Signature.....

P.T.O.

## **Personal Health / Swimming Proficiency Form**

Please answer the following questions: -

Delete as Appropriate

- |   |          |
|---|----------|
| 1) Are you able to swim 100m in light clothing and shoes?                         | Yes / No |
| 2) Have you been diagnosed with heart condition or high blood pressure?           | Yes / No |
| 3) Do you have Asthma / Epilepsy / Diabetes?                                      | Yes / No |
| 4) Do you ever have chest pains or feel faint or dizzy?                           | Yes / No |
| 5) Have you had any operations / injuries that may limit your ability to row?     | Yes / No |
| 6) Are you currently on medication?   | Yes / No |
| 7) Are there any other factors / conditions that might limit your ability to row? | Yes / No |

If you have answered Yes to question 2-7 above we advise you to contact your doctor and seek medical approval before beginning to row.

Rowing and the training associated with it can be strenuous and any activity on water can be potentially dangerous. Whilst the above conditions do not necessarily affect training applicants have a **duty** to the club to **declare any conditions** that might put themselves or others at **risk**.

## **Sponsorship and Prize Money**

The applicant hereby agrees that any remuneration from sponsorship or commercial activity related to rowing is the property of Durham Amateur Rowing Club.

## **Data Protection Act**

Details given on this form may be stored on computer for internal club administration only. Details will be available only to those on the executive committee and will not be disclosed to any outside organisations. Any health related information might be passed on to coaches if it is considered relevant.

## **Child Protection**

All members of the club must accept the policies and procedures relating to Child Protection as set out by the ARA and accept them as a condition of membership. The ARA policy on child protection is available in the clubhouse.

## **Parents and Guardians**

**By signing this form, I agree to my son/daughter/child taking part in the activities of the club. I understand that I will be kept informed of the timing and nature of these activities. For purposes of coaching & publicity photography may be used, please contact us if you do not wish your child to be included in these sessions.**

**I understand that in the event of any injury or illness all responsible steps will be taken to contact me, and to deal with that injury/illness appropriately.**

**Print Name.....Signature.....Date.....**