

MEMBERSHIP APPLICATION

WISEMANS BRIDGE



APPLICANT INFORMATION

Name:		Do you speak Welsh: YES / NO	
Gender:	Phone:	Mobile:	
Date of birth:	E-Mail:		
Current address:			
Town/City:	County:	Post Code:	

EMERGENCY CONTACT

Name of an emergency contact:		Relationship:	
Phone:		Mobile:	

SWIMMING PROFICIENCY

<i>(PLEASE DELETE AS APPROPRIATE)</i>		Signed - Adult Rower:		Signed - Junior:	
PROFICIENT SWIMMER	NON SWIMMER			Signed - Guardian/Parent:	

Adults must wear life jackets subject to club risk assessment, it is mandatory for Junior's under 18 and non swimmers to wear a life jackets at all times when on water!

STATEMENT OF MEDICAL CONDITIONS

DO YOU consider yourself to have a Disability? (If yes, please complete the remaining questions below)	YES	NO
Are you participating through the InSport Program? (If yes an individual Risk Assessment will be required, see Page 3)	YES	NO
Visual / Hearing / Physical / Learning / Other	YES	NO
DO YOU consent for us to perform an individual Risk Assessment to assess your requirements?	YES	NO
DO YOU have any special requirements we should be aware of other than medical conditions as above?	YES	NO

Please list all medical conditions that the club officers need to be aware of or any special requirements which would assist with your Individual Risk Assessment – Continue over page if required

DECLARATION OF FITNESS TO ROW/COX

I declare that I am of sufficient physical fitness to row/cox	Signed Adult:	Signed Junior: Guardian/ Parent:
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Trial Row Dates:

1st Trial Row Date		2nd Trial Row Date	
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DECLARATION

By signing this I can confirm that I have read and understood the Club's Code of Conduct, Risk Assessments and Safety Rules.

All personal data collected on this form is handled in line with our Privacy Policy, all Club Rules & Safety Information can be found at:

<http://www.wisemansbridgerowingclub.co.uk/information.php>

I agree to abide by all the rules of Wisemans Bridge Rowing Club & the Welsh Sea Rowing Association.

I understand that photography and video recording may be used during training, competition, social events which may be used for promotional or training purposes.

Name:	Signature Adult:	Date:
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PARENTS CODE OF CONDUCT

Encourage your child to participate in accordance with WBRC rules or event rules .

Positive encouragement of participants is welcome, however be aware that this may cause pressure to perform for some rowers so encourage sensitively.

Positive encouragement builds good teams, criticism can be discouraging, please support all rowers positively.

Never publicly criticise your child or other participants.

If you have a query please raise it politely in private to the WBRC member in charge of the event, or to a race official following WSRA guidelines.

Name:	Signature Junior: Signature Guardian/Parent:	Date:
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MEMBERSHIP FEES

Please ensure membership option taken below is declared by method of payment:	All inclusive of WSRA affiliation fee of £15 adult / £6 junior				
	Cash:	Cheque:	BACS:	Monthly Instalments:	Quarterly Instalments:
£100 full membership (Senior)				£35 + £6 x 11	

£60 - 1st July Onward

£40 - 1st September Onward

**Account Details: Account Name: WBRC Sort Code: 20-37-82 Account No: 70605948
QUOTE your Surname/subs as the reference**

£50 Concession*/Student					
£30 (Junior Under 18)					
£10 (Junior Under 18 concession)					

***Concession allows past full members to occasionally row during year (max 7 rows), cox, be a full member of the WSRA & SSC. But does not allow you to row the Scull**

FOR CLUB USE ONLY

Secretary's Signature:	Date:
Treasurer's Signature:	Date: