

MEMBERSHIP APPLICATION

WISEMANS BRIDGE



ROWING CLUB

APPLICANT INFORMATION

Name:		Gender:
Forum Username:	Phone:	Mobile:
Date of birth:	E-Mail:	
Current address:		
Town/City:	County:	Post Code:

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:
£60 full membership (Senior)	Paid			Not available in 2021	Not available in 2021

£60 Full Membership 1st April Onward (concession for 2021 year only due to Covid-19) usually £100

£40 Full Membership 1st September Onward

Account Details – 20-37-82 Account No. 70605948 Account Name: Wisemans Bridge Longboat Club

£40 Concession / Student / Social membership	Paid				
£30 membership (Junior Under 18)	Paid				
£10 membership (Junior Under 18 Concession)	Paid				
£20 membership (InSport Concession)	Paid				

EMERGENCY CONTACT

Name of an emergency contact:		Relationship:
Address:		Phone:
Town/City:	County:	Mobile:

SWIMMING PROFICIENCY

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

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

STATEMENT OF MEDICAL CONDITIONS

Please list all medical conditions that the club officers need to be aware of:

DECLARATION OF FITNESS TO ROW/COX

I declare that I am of sufficient physical fitness to row/cox	Signed Guardian/ Parent/Adult:	Signed Junior:
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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, safety rules. All Club Rules and 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 and the Welsh Sea Rowing Association.

I understand that photography and video recording may be used during training and competition!

Name:	Signature Guardian/Parent/Adult:	Date:
Name:	Signature Junior:	Date:

DO YOU consider yourself to have a Disability? (If yes, please complete the remaining questions below)	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
Visual / Hearing / Physical / Learning / Other	YES	NO

Please specify any special requirements which would assist with your Individual Risk Assessment – Continue over page if required

FOR CLUB USE ONLY

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

PLEASE TEAR CAREFULLY ACROSS THIS DASHED LINE FOR RECEIPT

WISEMANS BRIDGE ROWING CLUB MEMBERSHIP RECEIPT

I can confirm acceptance for membership and receipt of £ membership fee for	
Signature of Treasurer:	Date:

Signature of Secretary

Date:

Membership Application

Additional Details -

Are you participating through the InSport Program?	Yes / No
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Special requirements which would assist with your Individual Risk Assessment?