

MEMBERSHIP APPLICATION



APPLICANT INFORMATION

Name:		Gender:
Forum Username:	Phone:	Mobile:
Date of birth:	E-Mail:	
Current address:		Postcode:

MEMBERSHIP FEES (MEMBERSHIP YEAR RUNS FROM 1ST APRIL TO 31ST MARCH)

Account Details: Wisemans Bridge Longboat Club Sort Code: 20-37-82 Account No: 70605948

Please ensure membership option taken below is declared by method of payment:		Inclusive of WSRA affiliation fee £15 adult/£6 junior & £30 (£15 after 1 st Oct) SSC membership				
	Cash:	Cheque:	BACS:	*Initial Instalment:	*Followed by x6 Instalments:	
£130 Full membership (Senior) Can be paid in full or installments*	Paid			£70 payable by 25 th March	£10 per month 1 st April to 1 st September inclusive	
£80 Full if joining after 1 st July / £45 after 1 st October				Not applicable		
£50 Concession / Student / Social	Paid			Not applicable		
£30 membership (Junior Under 18)	Paid			Not applicable		
£10 membership (Junior Under 18 joining as part of family membership)	Paid			Not applicable		
£20 (InSport Concession)	Paid			Not applicable		

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

Special requirements which would assist with your Individual Risk Assessment?