

Walton Rowing Club Membership Application

Please complete clearly in BLOCK CAPITALS

First names	Surname	
Address	Telephone numbers Home:	Mobile:
Post code	Date of birth	
Email address		
Name of any other rowing clubs of which you are a member (if applicable)	School/university (if applicable)	
British Rowing reg. number (if known)		
Type of Membership applied for: FULL / JUNIOR / STUDENT / HOLIDAY / FAMILY / SOCIAL (FULL = 18 years of age or over, JUNIOR = Under 18 years of age, STUDENT = Those who are undergraduates of any recognised university or place of learning up to the age of 23 years, HOLIDAY = Non-members of Walton RC who wish to row/scull during official holiday periods at school or university).	Type of membership:	

Membership Fees will be collected by direct debit. Details of how to set this up will be e mailed to you on receipt of this form. Your election to membership by the club's committee will occur after your direct debit has been set up. Please note it is the responsibility of the member to cancel the direct debit with their bank if they decide to leave the club.

A one off joining fee of £25 applies for all classes of membership, except HOLIDAY and SOCIAL applicants. Annual subscription rates can be found in the "Join the Club" section of our website.

Family Discount: The first Full Member of a family must pay a Full subscription; then the spouse of a Full Member and Junior Members of the family may have a 33¹/₃% discount on their subscriptions. Family Discount is limited to Full and Junior Members.

Subscriptions are valid from 1st January to 31st December. If you are elected between these dates, your subscription due for the current year will be 'pro rata' for the balance of the year based on the current year's rate. The 'pro rata' benefit does not apply to HOLIDAY membership.

Any change in medical circumstances or home or emergency contact details should be notified to the Club immediately by e mail (membership@waltonrowingclub.co.uk)

Declaration of any medical conditions that might be affected by rowing or sculling

Please give details below. If you are in any doubt consult your Family Doctor.

Details of any injuries suffered in the past

Please turn over

Consent for active membership

- I confirm that: 1) I am able to swim a minimum of 100 metres 2) Rowing or sculling is undertaken at my own risk 3) I do not suffer from any disability or medical condition which may render me unfit for strenuous exercise (should a medical condition exist, this will not necessarily preclude you from membership/participation, but it must be declared. Should you be in any doubt, advice should be sought from your family doctor)
- I understand that the Club's insurance policy covers third party and member-to-member claims only when using Club equipment
- I agree to indemnify the Club and its Officers (whether through insurance or otherwise) against any other claims arising from my membership or activities on or off the river
- I have read 1) the Club's Safety Code (a copy of which is posted in the Clubhouse) 2) the Club's Rules (a copy of which is posted in the Clubhouse) and agree to be bound by them
- I agree to the Club photographing or videoing rowing activities in which I am involved for coaching or publicity purposes (the names or identities of individuals will not be revealed in conjunction with such material without expressed consent being obtained by the Club)
- I hereby agree that any remuneration from sponsorship or commercial activity related to rowing or sculling is the property of WALTON ROWING CLUB to administer: subject to BR Rules - Section J - Payments – Athletes and Clubs.

Signature of Applicant:

Signed	Date
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For Junior members only

Name(s) of parent(s)/guardian(s)	
Address of primary contact parent/guardian (if different to page 1)	
Emergency telephone contacts for parent(s)/guardian(s)	Mobile: _____ Home: _____ Work: _____
Email address for primary contact parent/guardian	
Details of any special educational needs	

- I agree to my child taking part in the activities of the Club and understand that I will be kept informed about these activities – e.g. session times and transport details.
- I have read and agree to abide by and uphold the rules of Walton Rowing Club.
- I agree to the Club photographing or videoing rowing activities in which my child is involved for coaching or publicity purposes. The names or identities of individuals will not be revealed in conjunction with such material without express consent being obtained by the Club.
- If I cannot be contacted and my child should require emergency medical treatment I authorise a qualified medical practitioner to provide emergency treatment or medication under the supervision of the relevant coach.

Signature of primary contact parent/guardian:

Signed	Date
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