



Student Membership Application Form 2019

Name	_____	Date of Birth	_____
Address	_____	Home phone no.	_____
	_____	Work phone no.	_____
	_____	Mobile no.	_____
	_____	Email address	_____
Post Code	_____	British Rowing no.	_____
Emergency contact	_____	Emergency phone no.	_____

DECLARATION & CONSENT: This consent should be completed before any activity is undertaken.

- I apply to become an adult member of Berwick Amateur Rowing Club.
- I confirm that I am able to swim a minimum of 100 metres fully clothed and will undertake a capsize drill within one year of joining.
- I agree to taking part in the activities of the Club and understand that I will be kept informed of these activities - e.g. timing and transport details.
- Photography and video may be used during the course of training/competition for the explicit purposes of technical coaching. Photos or video may be used in local press and social media for advertising. If you do not consent, please make it known.
- I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and, having parental responsibility for the above child, I give permission for first aid to be administered or, where considered necessary, treatment by a suitably qualified medical practitioner.
- If I cannot be contacted, and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.
- I agree to abide by all Club Rules, the Water Safety Code of British Rowing and the B.A.R.C. Safety Guide. I have been made aware that these are all available on the club website.
- I do not suffer from any disability or medical condition that renders me unfit for strenuous exercise*. *Please give brief details below of any conditions or allergies that you feel should be made known to the club (e.g. Diabetes, Asthma etc). Should a medical condition exist, this will not necessarily preclude you from participation, but it would be wise to declare it. If you are in any doubt please consult your GP.
- I agree to BARC the personal details given above. If membership ceases, then these details will be destroyed.

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Any change in either medical circumstances or home or emergency contact details should be notified to the Club without delay.

I wish to apply for membership of Berwick Amateur Rowing Club as follows (please tick):

Student Membership	£50.00	
For those over the age of 18, but still in full-time education.		

I enclose a cheque for £_____ (Payable to Berwick Amateur Rowing Club)

Signature _____ Date _____