



Bedford Rowing Club - Application for Membership



The appropriate membership fee must be paid in advance or a Standing Order form completed. The fee will be returned following an unsuccessful application.

All applications are subject to the approval of the committee at their next meeting.

Full Name:		Gender:	M / F
Address:		Date of birth:	
Postcode:			
E-mail:			

If you prefer that the Club does not contact you regarding Club events, news etc by e-mail then please tick this box:

Home Tel:		Mobile Tel:	
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Emergency Contact:		Relationship:	
Contact Telephone:			

Membership Account Details are:

Sort Code: 40-10-02 Account Number: 51846671

Please tick the appropriate category:

- FULL ROWING MEMBERSHIP £360
- LOCAL STUDENT ROWING MEMBER (Term time only) £180
- EXPLORE PLUS/RECREATIONAL ROWING MEMBER £276
- VACATION STUDENT MEMBER (Student Vacation Rowing Only) £ 90
- COX/COACH MEMBERSHIP £ 10

By returning this completed form:

- **I accept that any medical information/conditions that are pertinent to rowing will be circulated to all coaches so that they are aware;**
- I accept that, while every effort will be made to safeguard belongings, Bedford Rowing Club shall not be held responsible for any losses that may occur;
- **DATA PROTECTION ACT 1998 - I hereby give consent for personal information (including membership application monitoring data) provided as part of this application to be held on computer or other relevant filing systems and to be shared with other accredited organisations or agencies in accordance with the Data Protection Act 1998;**
- I declare that I can swim a minimum of 100 metres in full kit, tread water for at least 2 minutes, swim under water for at least 5 metres and am in good health, I have read the Club Rules and agree to be bound by them. Note that participants unable to demonstrate the minimum standard must wear a personal flotation device (PFD).

Signed: _____

Print name: _____

Date: _____

MEMBERSHIP MEDICAL QUESTIONNAIRE

Bedford Rowing Club, Duck Mill Lane, Bedford, MK42 OAX Tel: 01234 353183

All information given will be treated as strictly confidential and held by the Club Welfare Officer .

Please complete this form in Block Capitals in Black or Blue ink.

Full Name:		Gender:	M / F
Address:		Date of birth	
Postcode:			
E-mail:			

Home Tel:		Mobile Tel:	
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Name and address of your GP:	
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Medical History:

Section 1

Are you currently taking prescribed medicine?	Yes	No
Are you currently under the care of a doctor or other medical professional?	Yes	No

Section 2

Are you currently suffering, or have suffered, from any of the illnesses listed below?

1	Heart trouble	Yes	No	2	Lung disease	Yes	No
3	Stomach/bowel trouble	Yes	No	4	Jaundice/hepatitis	Yes	No
5	Joint problems	Yes	No	6	Diabetes	Yes	No
7	Allergies	Yes	No	8	Headache/Migraine	Yes	No
9	Severe stress reaction	Yes	No	10	Serious accident	Yes	No
11	High blood pressure	Yes	No	12	Asthma	Yes	No
13	Hernia/rupture	Yes	No	14	Kidney/bladder trouble	Yes	No
15	Back/neck problems	Yes	No	16	Fits/blackouts/epilepsy	Yes	No
17	Depression/anxiety	Yes	No	18	Hearing/sight problems	Yes	No
19	Mobility problems	Yes	No	20	Other not listed above	Yes	No

Are you a Registered Disabled Person?	Yes	No
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If you have answered "Yes" to any questions in Section 2, please give details and approximate dates where relevant. This is particularly important where you have a qualifying disability under the Disability Discrimination Act 1995, as it will enable us to identify what, if any, "reasonable adjustments" can be made.

I hereby declare that the information given is full and true to the best of my knowledge. I understand that if, at a later date, it is discovered that I have knowingly withheld medical information, my membership may be suspended.

Signature of applicant: _____

Date: _____

If this questionnaire relates to an applicant who is under 18 then it must be countersigned by a parent or guardian.

Signature of parent/guardian: : _____

Date: _____

(if applicable)