



Bedford Rowing Club - Application for Membership (verJAN19)



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:	
-----------	--	-------------	--

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

Membership Account Details are:

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

Your bank transfer ID reference is

By returning this completed form:

- ✓ **I will ensure that any medical information/conditions that are pertinent to rowing will be shared to all coaches and crew members to ensure my own and others safety;**
- ✓ 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 am a competent swimmer and can swim 50m meters in light clothing and carry out reasonable confidence exercises such as swimming underwater for at least 3 meters. I will participate in the next club capsized drill
- ✓ I have read all the safety documents held on Bedford Rowing Club web site. I will undertake a visual risk assessment of the Boat house, boats and river conditions to ensure I and all other members remain safe. I will promptly report any hazards I am not able to rectify.
- ✓ I have read and will abide by the British Rowing code of conduct.

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:		Mobile Tel:	
E-mail:		Date of birth	

Medical History:

Section 1

The following questions are designed to give Bedford Rowing Club suitable information to ensure you are able to participate in rowing safely and should not preclude you from taking part in rowing. If you have any concerns about your health you should consult your GP before taking part in activity.

If you have a health condition which may affect your safety or that of your crew members do you agree to take responsibility to share this and a safety plan as necessary

Yes	No
-----	----

Section 2

Are you a Registered Disabled Person?

Yes	No
-----	----

If you have answered "Yes" to the question in Section 2, please give relevant details. This is particularly important where you have a qualifying disability under the Disability Discrimination Act 1995, as it will enable us to assist in identifying 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, which may potentially put myself or any other member of Bedford Rowing Club at risk my membership may be suspended.

Signature of applicant: _____

Date: _____