



Ryde Rowing Club

The Clubhouse, Appley Park, Ryde, Isle of Wight, PO33 1ND

Telephone: 01983 562127.

Web Site: <http://www.ryderowingclub.co.uk/>

NOMINATION FORM

I desire to join the above club and hereby agree to abide by the rules and to pay the appropriate subscription.

NOTE: An application will only be considered if the full subscription is enclosed with the application or a banker's order completed. In the event of an application being rejected the subscription will be refunded.

SURNAME: **Mr / Mrs / Miss / Ms.**

FORENAMES:

Date of Birth: [Required for Full/Rowing, Social, Country and Cadet membership] / /

ADDRESS:
.....
.....

Post code **Occupation**

Telephone: Landline Mobile:

E Mail Address:

Class of Membership required: **Full Member/Rowing** **Social** **Country** (non-resident IW*)
[*university students may join as Country members] **Associate** **Cadet** (tick as appropriate) - **Under 16** **Under 18**

FULL, SOCIAL, CADET & COUNTRY MEMBERS MUST ALSO COMPLETE THE PERSONAL HEALTH AND SWIMMING ABILITY STATEMENT ON THE REVERSE OF THIS FORM - AND IN ADDITION - FOR CADETS (under 180) THE CADET CONSENT SECTION MUST ALSO BE COMPLETED AND SIGNED BY A PARENT OR GUARDIAN.

Signature of applicant

Date: / /

Annual Subscription may be paid by cash, cheque – made out to “Ryde Rowing Club”, Electronic Bank Transfer or Standing order. For electronic bank transfer please transfer appropriate subscription to Account Number - 84639360. Sort Code: 77-25-14 and put RRC Membership in the reference field. For a standing order please complete the form below.

Annual Subscription by Standing Order.

To: The Manager Bank PLC a) This is a new mandate *
..... Branch b) This supersedes any previous mandate *
Address * delete as appropriate
.....
.....
.....

Please pay from my Account No:..... Sort Code

To: LLOYDS TSB PLC, 35 Union St. Ryde, IW. for the credit of Ryde Rowing Club
Account No: 84639360. Sort Code: 772514

the sum of £..... on...../...../..... and annually there after on March 1st.

Signed (Account holder) Date

RYDE ROWING CLUB.

FULL, SOCIAL, CADET and COUNTRY MEMBERS MUST COMPLETE THE PERSONAL HEALTH AND SWIMMING ABILITY STATEMENT –

Your personal Health

Rowing and its associated training can be a strenuous activity. You should therefore be in good health and have no medical or physical condition precluding heavy exercise. **If there is any doubt you should first consult your doctor.** Some conditions such as asthma and diabetes, for example, do not prevent individuals participating in the sport, but you do have a duty **to declare any condition that might put yourself or others at risk.** Likewise you have a **duty to declare any change** in personal health whilst a member of the Club that may put yourself or others at risk.

It is important that you inform those around you e.g. coaches and crew members, of any condition they may have to deal with in the event of an emergency.

Your Swimming Ability

For your own safety it is important that you are a competent swimmer and can swim 50 metres unaided in light clothing. Those unable to swim are still eligible for membership but will be required to learn before they are allowed on the water or must wear a lifejacket or buoyancy aid at all times while afloat. The club will regularly hold swim tests and training in capsize procedures not only to demonstrate your competence, but also your confidence under the water, swimming on your front and back, besides your ability to tread water.

Declaration of Your Personal Health & Swimming Proficiency.

To be accepted **as a member you** must sign this declaration (together with your Parent/Guardian if you are under 18 years of age). I have read and understood both the Personal Health and Swimming Ability statements above and declare that I can/cannot* meet the minimum swimming requirements and I have no need to seek medical approval / have been passed medically fit to row and I agree to inform the club/coaches/crew of any change in my personal health/swimming proficiency that may put myself or others at risk.

*(Delete as applicable)

Applicants Signature. Date

In addition – for applicants under 18 years of age - Parents/Guardian’s must read, complete, and sign the following section –

While this information is confidential, it is important to ensure your child’s welfare as an athlete. Our Coaches and assistants are fully qualified for the activities they control including safety awareness and will be advised of any personal health information that they need to be aware of to ensure you and your child’s safety – so please provide the personal information requested below, as it is important that we have the correct details.

Parents/Carer’s Name(s)

Address:

..... Post Code

Phones: (home) (work) (mobile).....

E Mail

In the event of an incident/accident –

Emergency Contact Name Emergency Contact Phone

Declaration of Health and Swimming Ability:

Does your child suffer from any medical or physical conditions that might affect them during physical exercise?	YES/NO
Does your child have any special needs that our coaches should know about?	YES/NO

If the answer is YES to either of the above please give details –

If you have answered YES above dose this preclude heavy exercise (If in doubt you should first consult a doctor)	YES/NO
Can your child swim 50 meters in light clothing?	YES/NO

Consent:

I apply for my child to become a junior member of RYDE ROWING CLUB.

I agree to my child 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.

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 fractioned.

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 am aware that Ryde Rowing Club uses videotaping and photography as training aid and give permission for my child to be videoed and photographed.

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

Printed Names:

Parent/Guardian’s Signature. Date
(if applicable)