

**SHIPLAKE VIKINGS ROWING CLUB**

**Junior member application form**

I hereby apply to join / renew (*delete as applicable*) my junior membership of Shiplake Vikings Rowing Club ("the Club") for the year commencing 1st September 2017. *All applications for membership from applicants under the age of 18 years on the 1<sup>st</sup> September 2017 must be countersigned by at least one Parent or Guardian who will thereby give consent for their child to participate in all rowing related activities and events during the rowing year.*

**Applicant details:**

Name of Applicant: .....

Date of Birth: .....

Home Address: .....

.....

School/College: ..... (*if applicable*)

British Rowing Membership number (*if applicable*) .....  
*if you intend to compete at any regattas or head races you will need to join British Rowing.*

**Medical information:**

Does the applicant have any medical condition, injury or disability (e.g. asthma, diabetes, epilepsy, dyspraxia) which may affect their rowing or which their Coach should be made aware of? *Please provide details if applicable (you should seek medical advice before participating in any activity if concerned).*

*Yes / No (delete as applicable)*

*If yes, please give details:* .....

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Does the applicant take any prescribed medication, inhalers, creams, etc? *Yes / No (delete as applicable)*

*If yes, please give details:* .....

.....

**Parents or Guardian contact details** (*please note that we may use this information in case of emergency*):

**Name of Parent / Guardian:** ..... **Relationship:** .....

Home address (*if different to above*): .....

.....

Home Phone number: ..... Mobile Phone number: .....

Email address: .....

**Name of Parent / Guardian:** ..... **Relationship:** .....

Home address (*if different to above*): .....

.....

Home Phone number: ..... Mobile Phone number: .....

Email address: .....

# SHIPLAKE VIKINGS ROWING CLUB

## Junior member application form

### Parents' declaration:

I agree that the club may use such photographs of my son / daughter individually or as a crew with the sole purpose of training.

I agree that my son / daughter may receive medication or medical treatment as considered necessary by the medical authorities present.

I confirm that my son / daughter is able to swim a minimum of 100 metres.

I wish to become/remain a member of the Club and hereby agree to observe the Club's rules and code of conduct and safety rules. I acknowledge that this is an application for membership and admission to the Club is at the sole discretion of the Club's Committee. I agree to pay immediately the subscription fee as soon as I am notified that my application has been accepted.

Annual Fee: £275 payable by cheque to SVRC, or by bank transfer (Barclays Bank, Sort code 20-39-53, Account no: 83250008)

Applicant's Signature: .....

Parent / Guardian signature: .....

Parent / Guardian name: .....

Date: .....

The Club's safety rules and code of conduct will be circulated to all parents. The club follows British Rowing's safeguarding principles which can be found at <https://www.britishrowing.org/about-us/safeguarding/>