

## CHRISTCHURCH ROWING CLUB

### ADULT MEMBERSHIP FORM

On behalf of Christchurch Rowing Club we would like to welcome you to the club and provide you with some information about our activities  
Christchurch Rowing Club was established in 1948. We have a very active membership of all ages juniors from 12 years to senior ladies and men., who compete at all levels in regattas and heads throughout the year. We also cater for individuals who wish to take a more leisurely approach and just enjoy the sport at their own pace.

Welcome Pack via our website: [christchurchrowingclub.co.uk](http://christchurchrowingclub.co.uk)

- 1.Club rules
2. Health and Safety information
3. Code of conducts
- 4.Club Roles
5. Privacy Statement

To ensure we have the correct details for you please fill out and sign this form and return to the Membership Secretary via the Club post box located in the lobby of the clubhouse.

#### **Personal Details ( Please complete in block capitals) \* Must be completed**

\*FULL NAME.....\*DOB

\*ADDRESS.....

..

\*POST CODE.....

\*HOME

TELEPHONE.....\*MOBILE.....

\*EMAIL ADDRESS.....

\*REPEAT EMAIL.....

#### **\*EMERGENCY CONTACT DETAILS**

Please insert the information below to indicate the person(s) who should be contacted in the event of an incident / accident.

\*Contact Name.....

\*Contact number.....

\*Relation to you.....

## **\*MEMBERSHIP CATEGORY**

ADULT.....RECREATIONAL.....

STUDENT ONLY.....COACH.....

FAMILY.....

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. You 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.

## **SPORTING INFORMATION**

\*Can you swim a minimum of 50 m fully clothed? Yes No

\*Have you rowed before? Yes No

\*Are you a member of British Rowing? Yes No

BR Number.....

Current Sculling points.....

Current Rowing points.....

## **Disability**

The Disability Discrimination Act 1995 defines a disabled person as anyone with a physical or mental impairment which has a substantial long-term adverse effect on their ability to carry out normal day to day activities

\*Do you consider yourself to have a disability ?.....Yes No

If yes what is the nature of your disability

## **MEDICAL**

\*Do you know of any medical information that could endanger your health whilst rowing ?

\*Please detail below any important medical information that our coaches should be aware of

Visual impairment.....Hearing impairment.....

Physical Disability.....Learning Needs.....

Multiple Disabilities.....Other (Please specify below.....

## **Medical Information**

\*Please detail below any important information that our coaches should be aware of (e.g. Asthma, Epilepsy, Diabetes)

\*Have you been given any specific advice to follow in emergencies?

Please read the questions carefully and answer them honestly, circle Yes or NO

\*Has your doctor ever said that you have a heart condition and that you should only complete physical activity recommended by a doctor ? Yes No

\*Do you feel pain in your chest when you do physical activity Yes No

\*In the past month, have you had chest pain when you are not doing physical activity? Yes No

\*Do you lose your balance because of dizziness or have you ever lost consciousness? Yes No

\*Do you have a bone or joint problem that could be made worse by change in your level of physical activity? Yes No

\*Is your Doctor currently prescribing ant medication for your blood pressure or heart condition? Yes No

I have understood and answered all the above questions honestly, I understand that I should not exercise if I feel unwell and that if my health changes I should inform your point of contact in the club (Club Captain, Coach or Welfare Officer)

If you have answered Yes to any questions talk to your Doctor before you start to exercise. Ask them to provide you with a medical clearance form. The medical clearance form should ask for advice from your doctor about ant activities that you may not be able to participate in at this sports club.

If you have answered No honestly to all questions you can the start to become more physically active. The safest way to do this is to start slowly and build gradually. The coaches will help you with this.

Over 50 years old recommended QRSIK score, important to know your cardiovascular risk and act on it if over 10% risk

Declaration

I have read and understood both the Personal Health and swimming statements above and declare that I understand and agree to conform to these expectations as well as the Code of Conduct, Club Rules and Privacy Statement. I confirm that CRC may use the contents of this form, and other information I may later provide, and that information will be used in confidence and stored securely. I agree to the clubs emailing relative to my membership. Please tick if you do NOT consent to use of photographs or video footage of yourself for training purposes or for use on the CRC website, newsletters, advertisement or other publications.....

Signature.....Date.....