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 (access via our website – www.christchurchrowingclub.co.uk)

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

- 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.

*MEMBERSHIP CATEGORY			
ADULT	RECREATION	AL	
STUDENT ONLYFAMILY			
Your personal health: Rowing and its a should therefore be in good health and heavy exercise. You have a duty to decrisk. Likewise you have a duty to declathe club.	have no medical or physical c clare any condition that might	condition preclut put yourself o	uding r others at
SPORTING INFORMATION			
*Can you swim a minimum of 50 m ful	lly clothed?	Yes	No
*Have you rowed before? *Are you a member of British Rowing?	?	Yes Yes	No No
BR Number			
Current Sculling points			
Current Rowing points			
Disability The Disability Discrimination Act 1995 mental impairment which as a substants normal day to day activities *Do you consider yourself to have a dis If yes what is the nature of your disabil	ial long-term adverse effect o	n their ability t	o carry out
MEDICAL *Do you know of any medical informat	tion that could endanger your	health whilst r	owing?
*Please detail below any important med Visual impairment	Hearing impairmLearning Needs	ent	
Medical Information *Please detail below any important info Asthma, Epilepsy, Diabetes)	ormation that our coaches sho	uld be aware o	f (e.g.
*Have you been given any specific adv	ice to follow in emergencies?)	

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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			
SignatureDate			