



## **DONCASTER ROWING CLUB: MEMBERSHIP APPLICATION FORM**

|                 |   |                 |               |
|-----------------|---|-----------------|---------------|
| Name:           |   |                 |               |
| Address:        |   |                 |               |
| Postcode:       |   |                 |               |
| Home Telephone: |   | Mobile:         |               |
| E-mail:         |   |                 |               |
| ARA Number:     |   | (If ARA member) | Date of birth |
| Contact Details | Do you wish to share your contact details |                 | Yes/No        |

|                                  |          |
|----------------------------------|----------|
| Do you have any Rowing Points:   |          |
| Do you have any Sculling Points: |          |
| Are you a cox:                   | Yes / No |
| Are you a coach?<br>What level?  |          |

Please add any details of your rowing career:

|  |
|--|
|  |
|--|

|                              |  |
|------------------------------|--|
| Emergency Contact:           |  |
| Relationship to Participant: |  |
| Address:                     |  |
| Postcode:                    |  |
| Telephone Number:            |  |

I wish to apply for ADULT/ADULT CONCESSION/JUNIOR/STUDENT/SUMMER COUNTY/LIFE membership.

I agree to abide by the rules of the River Don and the rules of Doncaster Rowing Club, policies and codes of conduct. \*Available to download from the club website, [www.doncaster-rowing-club.org](http://www.doncaster-rowing-club.org)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian if under 18: \_\_\_\_\_

Please complete the medical form on the next page.



## **DONCASTER ROWING CLUB - MEDICAL DECLARATION**

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 therefore 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.

Do you currently suffer or have ever suffered from any of the following?

|   |          |                |          |
|---|----------|----------------|----------|
| Asthma:   | Yes / No | Epilepsy:      | Yes / No |
| Bronchitis:   | Yes / No | Diabetes:      | Yes / No |
| Blackouts:  | Yes / No | Ear Problems:  | Yes / No |
| Muscular/ Skeletal Injuries:                          | Yes / No | Heart Problems | Yes/No   |
| Other medical conditions which you consider relevant: | Yes / No |                |          |

If you answer yes to any of the above please give details:

### **Your Swimming Ability**

For your own safety it is important that you are a competent swimmer. At a minimum you must be able to swim 50 metres in light clothing. If you cannot meet this requirement you must wear a lifejacket or buoyancy aid at all times when in a boat.

The club will regularly hold swim tests and training in capsized procedures not only to demonstrate your competence, but also your confidence underwater, swimming on your front and back and your ability to tread water.

|                                      |          |
|--------------------------------------|----------|
| Can you swim 50m in light clothing?  | Yes / No |
| Have you ever done a capsized drill? | Yes / No |

I agree to inform DRC of any changes to my personal health/swimming proficiency

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian if under 18: \_\_\_\_\_