



# Strathclyde Park Rowing Club

## Application for 'Junior' Membership

January 2015

I wish to apply for Membership of Strathclyde Park Rowing Club and if admitted, agree to abide by the rules and bye-laws of the Club.

I have read and understood Part 1 (Information) of the Application Pack. I accept and agree to adhere to the rules and policies laid out therein.

I confirm that I am able to swim 50 metres without 'touching down' wearing light clothing.

I am not listed as Barred or Disqualified from working with Children or Protected Adults.

I agree to pay in full the agreed subscription marked below.

2014	Month of Joining				
Category	Jan-Mar	Apr-Jun	Jul-Aug		SR Membership Fee
Junior	£135	£85	£34		+ £23
Cadet	£114	£72	£29		+ £10

Other rowing clubs of which I am, or have been, a member.	
SR Membership Number	

I agree to being contacted by email or text message or phone call about club and other rowing activities. My email address and mobile and landline phone numbers are

Landline
Mobile
Applicant's email
Parent's email

Signature	Date
Name (Printed)	
Parent or Guardian's Signature	Date
Parent's or Guardian's Name (Printed)	



## Strathclyde Park RC Medical Consent and Information

It may be essential at some time for a club official accompanying you to have the necessary authority to obtain any urgent treatment which may be required whilst at club competition or training. It is also important that club officials are made aware of any problems that may arise during training or competition and the action to be taken should such problems arise. The information gathered on this form will be used only for the above purposes.

Please complete the details on this form and sign below to give your consent?

<b>Personal Details:</b>	
Name of Member:	
D.O.B:	
Address:	
Post Code	
Home Phone	
<b>Person To Contact In An Emergency:</b>	
Name:	
Relation to Member:	<i>(partner, friend, parent, guardian, colleague etc)</i>
Contact Phone No:	
Alternative Phone No:	

*I give the accompanying club official the immediate authority on my behalf to sanction any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my interest, in the doctor's professional opinion, for any delay to be incurred by seeking my personal consent or that of my next of kin.*

Signature	
Parent or Guardian's Signature	
Date	



## Strathclyde Park RC Medical Consent and Information

GP Surgery	
GP's Name	

Please **delete** *Yes or No* and complete further details as necessary.

**Do you have any allergies?**    *Yes / No*    If yes, give details.

**Do you take any medication for asthma?**    *Yes / No*    If yes, give details.

**Do you have any other specific medical conditions requiring medical treatment and/or medication?**    *Yes / No*    If yes, give details.

**Please give any other relevant information.**