

WALLINGFORD ROWING CLUB LTD

THAMES STREET, WALLINGFORD, OXON OX10 0HD

WEB: www.wallingford.rowing.org.uk • E-MAIL: membership@wallingfordrc.co.uk

Beginners Course Application Form - Autumn 2008

Please complete the form below, ensuring you sign the declaration in section 3. Send the completed forms for the attention of the Novices Coach at the address above. Cheques should be made payable to **Wallingford Rowing Club** and crossed 'A/C payee only' for £75 (£45 for 16-18 year olds).

Course constraints. There are a limited number of places available on the course and as such the completion of the application form is no guarantee of entry onto the course. Acceptance on the course is on a first come first served basis (including receipt of payment).

DATA PROTECTION ACT: Your name, address and membership details are held in a database, for the convenience of the club (for sending out emails, newsletters, meeting announcements etc.). If you wish to inspect these details please advise the membership secretary in writing and arrangements will be made for you to verify your personal data.

Section 1: Personal Details

Name:

Address:

Date of Birth:

Home Telephone No.:

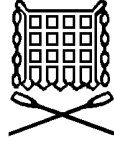
Mobile No.:

Postcode:

Gender: Male / Female

Home Email:

Work Email:



WALLINGFORD ROWING CLUB LTD

THAMES STREET, WALLINGFORD, OXON OX10 0HD

WEB: www.wallingford.rowing.org.uk • E-MAIL: membership@wallingfordrc.co.uk

Section 2: Illnesses or Chronic Injuries, all members likely to go on the water must complete the following:

If you currently have or have ever had any of the following or any disability please indicate below. This information is confidential but important to ensure your well being as a member.

- | | | | | | |
|--------------------------|---|--------------------------|-----------|--------------------------|--------------|
| <input type="checkbox"/> | Asthma | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | Diabetes |
| <input type="checkbox"/> | Bronchitis | <input type="checkbox"/> | Blackouts | <input type="checkbox"/> | Ear problems |
| <input type="checkbox"/> | Muscular/skeletal injuries (e.g. back injury) | | | | |

Are you currently taking any form of long term medication?
Yes / No

If you answer yes to any of the above or have a disability please give details:

Can you swim a minimum of 50 metres when clothed, tread water for 1 minute and remain calm under water?
Yes / No

WRC may require you take an ARA swim test on joining unless you can produce written evidence of having reached the required standard.

Section 3: Declaration

I certify that the above details are correct. I will comply with the Amateur Rowing Association Water Safety Code of Practice and the rules of Wallingford Rowing Club.

Signed:

Date: