Clevedon Coastal Rowing Club

Registered address:-
16 Conygar Close
Clevedon
BS21 6AP

Account details:-
Sort Code

Acc No

Confidentiality:

Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet your specific rowing and safety needs.
A copy of the information held on you will be made available on request for correction, amendment or deletion.

Name:	
Address:	
Date of Birth and age at time of application:	
Gender:	Male / Female

Day time Tel No :		Mobile Tel No :	
Email address :			

Emergency contact information:

Name of who can be contacted in an emergency:		Relationship to person:	
Day time Tel No alternative:		Mobile Tel No alternative:	

Medical information:

Any specific medical conditions requiring medical treatment?	**Yes:** Please give details:	**No:**
Details of medication required (pain/flu/inhaler):		

Any specific ongoing medical condition or disability?	**Yes:** Please give details:	**No:**
Any allergies?	**Yes:** Please give details:	**No:**

Any other information relevant to your application to be considered:-

Type of membership application (Delete as appropriate)	Adult £80 / Couple £140 / Junior £40 / Associate £30

CONSENT STATEMENT

Whilst all reasonable care will be taken to ensure the safety of members, Clevedon Coastal Rowing Rlub cannot be held responsible for any accident or loss of property occurring to members participating in rowing or events.

I agree to abide by the club rules and i declare that i am medically fit enough to take part in the clubs activities and can swim 50m.

Initial to signify Consent:-

I certify that all of the details I have entered on this form are correct and I am happy for these details to be held and used by Clevedon Coastal Rowing club for the purpose of club rowing and safety needs.

Signature:	
Print:	
Date:	