

**CHAMPION OF THE THAMES (CAMBRIDGE) RC
MEMBERSHIP APPLICATION FORM – 2011/12**

SURNAME FORENAMES.....

ADDRESS

..... POSTCODE

EMAIL.....

TEL (HOME) TEL (MOBILE)

OCCUPATION DATE OF BIRTH

ARE YOU A MEMBER OF BRITISH ROWING? YES / NO

(The committee strongly recommend at least non-racing membership, which provides insurance and "Regatta" magazine)

Rowing and its associated training can be a strenuous activity. If in any doubt you should consult a qualified doctor. You must declare any condition (or any change in personal health while a member of the club) that may put yourself or others at risk. For your own safety it is vital that you are a competent swimmer, and at a minimum you must be able to swim at least 100 metres in light clothing.

EMERGENCY CONTACT NAME: CONTACT NUMBER.....

DECLARATION

I wish to apply for the following membership of Champion of the Thames (Cambridge) Rowing Club:

- SENIOR ROWING** (non-rowing coxes & coaches free)..... £180.00 pa
 - FAMILY** (two senior & two junior)..... £400.00 pa
 - STUDENT** (over 18, in full time education)..... £ 90.00 pa
 - JUNIOR** (under 18, in full time education)..... £ 90.00 pa
- Note, membership runs from 1st April to 31st March
- INDUCTION** (one time fee; over 18)..... £ 60.00
 - INDUCTION** (under 18, in full time education)..... £ 30.00

I enclose £..... Membership fee (cheques payable to 'Champion of the Thames Rowing Club')

I hereby agree to abide by the club rules and I undertake to reimburse the club any expenditure incurred on my behalf in respect of race entry fees, club kit or other costs, and to pay any subscription fees promptly as they become due.

I accept that rowing is undertaken at my own risk and I confirm that I do not suffer from any disability or medical condition that may render me unfit for strenuous exercise. I also confirm that I am able to swim a minimum of 100 metres in light clothing and shoes. I agree to notify the Club Welfare Officer of any condition (or change in personal health/ability to swim) that might put myself, or others, at risk. In particular please tell us if you suffer from any of - Diabetes, Epilepsy, Blackouts, Asthma, Bronchitis, Ear Problems, Muscular/Skeletal Problems (e.g. back pain):

I currently/have previously suffered from.....

I also understand that in order to partake in sculling activities I must have successfully completed a Capsize Drill approved by the Club, and I agree to sign & return the attached sculling disclaimer.

SIGNED DATE.....

If the rowing member is under the age of 18 at the time of application, please complete the attached consent form, which must be countersigned by a parent or carer.

Please send to: Denis Howlett, 41 Pierce Lane, Fulbourn, Cambridge CB21 5DJ (tel: 07768 570465)

**CHAMPION OF THE THAMES (CAMBRIDGE) RC
PARENT/CARER CONSENT FORM**

I hereby give my consent as the Parent/Guardian of to apply for membership of Champion of the Thames (Cambridge) RC, and agree to ensure that he/she abides by the Club's rules. I further undertake to reimburse the Club for any expenditure incurred on his/her behalf in respect of race entry fees, club kit or other costs, and to pay any subscription fees promptly as they become due.

I understand that video photography may be used from time to time as a training and demonstration tool, and still photographs may be taken of individuals and crews at competitive events and used for publicity purposes and/or included in the 'Gallery' section of the website for information. I confirm that I have no objection to videos/photographs being taken as described.

SURNAME FORENAMES

ADDRESS

..... POSTCODE

EMAIL

TEL (HOME) TEL (MOBILE)

SIGNED DATE

**CHAMPION OF THE THAMES (CAMBRIDGE) RC
SCULLING DISCLAIMER FORM**

I accept that sculling entails a high risk of capsizing and confirm that I am competent and medically fit to safely follow the BR recommended Capsize Drill, in the event of the boat capsizing. I hereby confirm that I have successfully completed an approved Capsize Drill.

DATE CAPSIZE DRILL COMPLETED:

LOCATION/ORGANISING ENTITY AT WHICH CAPSIZE DRILL COMPLETED:

SIGNED DATE

If the rowing member is under the age of 18 at the time of signature, a parent or guardian must countersign this disclaimer:

SIGNED (PARENT/GUARDIAN) DATE