**CHRISTCHURCH ROWING CLUB**

# **APPLICATION FORM FOR JUNIOR ROWING MEMBERSHIP**

On behalf of Christchurch Rowing Club we would like to welcome you to the club and provide you with some information about our activities. Christchurch Rowing Club was established in 1948, more information on the history is available on our website.

We are delighted to welcome juniors to our Club and will do everything possible to ensure they flourish in our sport. This information is confidential but important to ensure your child's welfare as a participant. Our Club follows our national body, British Rowing Association’s guidelines and encourages coaches and assistants to be qualified for activities they control including safety awareness.

We provide parents with family membership as part of a junior membership.

**WELCOME PACK** (access via our website – [www.christchurchrowingclub.co.uk](http://www.christchurchrowingclub.co.uk/) )

1. CLUB RULES
2. HEALTH AND SAFETY INFORMATION
3. CODE OF CONDUCT
4. CLUB RULES
5. PRIVACY STATEMENT

To ensure we have the correct contact details please fill out and sign this form then return to membership secretary by email or via the club post-box located in the lobby of the club. Your membership contact is Terri M Fox

## Personal Details (please complete in block capitals)

JUNIORS NAME................................................................................ DOB...................................

SCHOOL.........................................................................................................................................

## Parents / guardians

NAME..............................................................................................................................................

ADDRESS......................................................................................................................................

…........................................................................................................ POST CODE.......................

TEL HOME.................................. .WORK......................................... MOBILE..............................

EMAIL.............................................................................................................................................

REPEAT EMAIL..............................................................................................................................

**MEMBERSHIP CATEGORY**

Rowing Member under 16 (Includes 2 non rowing adults)

Rowing Member under 18

Coxswain

Rowing and its associated training can be a strenuous activity. If you have any questions about this section consult the Junior Co-ordinators or Club Captains.

**MEDICAL**

Do you know of any health information that could endanger their health whilst rowing?

 YES / NO

## DECLARATION OF HEALTH AND SWIMMING ABILITY (delete yes or no as appropriate)

Does your child have any special needs that our coaches need to be aware of?

 YES / NO

Does your child suffer from any known medical or physical condition, on medication or have any allergies which might affect her/him during physical exercise?

 YES / NO

If the answer is YES to either of the above and your child carries medication please give details:

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Please contact the Club Captains, your coach if you have given details above.

Can your child swim 50 metres in light clothing YES / NO

If NO indicate swimming ability below

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**CONSENT:** N.B. This consent must be completed before any activity is undertaken

* I am applying for my child to become a junior member of Christchurch Rowing Club
* I agree to my child taking part in the activities of the Club and understand that I will be kept informed of these activities e.g. timing and transport details, communication will be via your child and email. I agree to the club emailing, relative to my membership.
* I have read, understood and agree to uphold Christchurch Rowing Clubs Code of Conduct, Club Rules and Privacy Statement.
* I understand that in the event of any injury or illness, all reasonable steps will be taken to contact me, and having parental responsibility for the above child, I give permission for First Aid to be administered or, when considered necessary, treatment by suitable qualified medical practitioner.
* If I cannot be contacted and my child should require emergency hospital treatment I authorize a qualified practitioner to provide emergency treatment or medication.
* I understand that from time to time photographs and video footage of my child will be used by coaches for the purpose of training, club news and via the Clubs official website and Facebook page. Also by local newspapers. And I give my consent, (If you do not wish your child to be photographed or videos you must indicate this by writing to the Club Captains).

**Any change in either medical circumstances or emergency contact details**

**should be notified immediately in writing or by email to the**

**Membership Secretary and the Junior Co-ordinators**

**ANTI BULLYING POLICY**

We firmly believe all junior members should have equal opportunities to enjoy the sport of rowing without encumbrance of any kind from fellow juniors. This includes the avoidance of unnecessary criticism; name calling; physical or verbal abuse or banter which could be taken by the recipient as negative or de-motivating. Juniors who feel that they are on the receiving end of such should report the matter to the junior co-ordinator who will investigate and if necessary refer matter to Club Welfare Officer.

**SOCIAL NETWORKING POLICY**

The Club, for the convenience of communicating with its junior, junior coaches and parents may at its discretion set up secure networking facility that can only be accessed by a select group. All those invited to use such a facility must not under any circumstances publish any material whether written, audio or visual that is in any way abusive, libellous, insidious or likely to cause offence or bring the Club into disrepute. Such a facility will be monitored constantly and anyone breaching this code will be removed immediately from network and may face disciplinary action.

**PARENTS DECLARATION**

I declare that all information given is to the best of my knowledge. I have read and understood both personal and health statements and declare that I understand and agree to these expectations as well as the Christchurch Rowing Club Junior Code of Conduct, Club Rules and Privacy Statements. I confirm that CRC may use the contents of this form, and other information I may later provide, and that information will be used in confidence and stored securely. I agree to the Clubs emailing relative to my membership.

Whilst not mandatory, it is expected that parents of junior members volunteer during their childs time at Christchurch Rowing Club, whether a member volunteers as Chair of the Club or makes cakes for regattas, every contribution helps make the club a cost effective, inclusive and effective organisation.

## Parent / Guardian

NAME............................................................................................................................................

SIGNATURE.................................................................................................................................

JUNIORS SIGNATURE...............................................................................................................

DATE............................................................................................................................................