

CHRISTCHURCH ROWING CLUB CIC

ADULT MEMBERSHIP FORM

On behalf of Christchurch Rowing Club CIC 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(History on our website). We have a very active membership of all ages, juniors from 12 years to Masters women and men, who compete at all levels , including international, in regattas and heads throughout the year.

We also cater for individuals who wish to take a more leisurely approach and just enjoy the sport at their own pace.

Our Club is run by volunteers and without the help and support of **ALL** members it would be impossible to run such a successful club. In joining the Club, the Committee expects that as a condition of membership you will contribute by volunteering some of your time.

Contributing your time comes in many forms and opportunities, for example maintenance or cleaning of boats or the boathouses, coaching or assisting in a Learn to Row course, learning to cox or taking a place on one of the committees .It does not necessarily take up a lot of your time, it may be a responsibility that you take on a regular basis or ad-hoc jobs as and when they are needed.

Please be mindful that when joining a community club it is the club community that runs it. Thank you.

Welcome Pack (accessible via our website)

- 1. Club Rules**
- 2. Health and Safety Information**
- 3. Our values and Codes of Conduct**
- 4. Club roles and contacts**
- 5. Privacy statement**
- 6. Water Safety**
- 7. Data protection**
- 8. Complaints and Grievance procedure**
- 9. Racking Rules**
- 10. Equity policy**
- 11. Safeguarding and protecting children policy**

To ensure we have the correct details for you please complete membership and payment forms, completed form can be mailed to our membership secretary Terri Fox at terrifox@hotmail.co.uk or 40 Horsa Road BH6 3AN or via the Club postbox located in the lobby of the Clubhouse.

ADULT ROWING MEMBERSHIP FORM

Personal Details (Please complete in Block Capitals) * Must be completed

* FULL NAME.....DOB.....

*ADDRESS.....

.....
.....*POST CODE.....

*HOME TELEPHONE.....MOBILE.....

*EMAIL ADDRESS.....

* REPEAT EMAIL.....

*EMERGENCY CONTACT DETAILS

Please insert the information below to indicate the person (s) who should be contacted in the event of an incident / accident.

* CONTACT NAME.....CONTACT NUMBER.....

* CONTACT EMAIL.....

* RELATION.....

MEMBERSHIP CATEGORY (Please circle)

ADULT

COACH

COX

OFF PEAK LEVEL 1

OFF PEAK LEVEL 2

FAMILY ROWING

STUDENT (VACATION ONLY)

HEALTH

Your personal health: Rowing and its associated training can be a strenuous activity. You should therefore be in good health and have no medical or physical condition precluding heavy exercise. You have a duty to declare ant conditions that might put yourself or others at risk. Likewise you have a duty to declare any change in personal health whilst a member of the Club.

SPORTING INFORMATION.

*Can you swim a minimum of 50M fully clothed? YES NO

*Have you rowed before? YES NO

* Is it your intention to enter competitive rowing activity? YES NO

If YES, please indicate the category you are eligible to enter. Women* OPEN

* For eligibility criteria please review British Rowing’s Trans and Non-Binary Competition Eligibility Policy and Procedures document, which can be found at www.britishrowing.org/about-us/policies-giudance

* Are you a member of British Rowing? YES NO

BR NUMBER.....

CURRENT SCULLING POINTS.....

CURRENT ROWING POINTS.....

DISABILITY

The Disability Discrimination Act 1995 defines a disabled person as anyone with a physical or mental impairment which has a substantial long-term adverse effect on their ability to carry out normal day to day activities.

*Do you consider yourself to have a disability? YES NO

If yes what is the nature of your disability

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MEDICAL

DO YOU KNOW OF ANY MEDICAL INFORMATION THAT COULD ENDANGER YOUR HEALTH WHILST ROWING?

*Please detail below any important medical information that our coaches should be aware of:

Visual impairment.....

Hearing impairment.....

Physical disability.....

Learning needs.....

Multiple disabilities.....

Other (please specify below)

MEDICAL INFORMATION

Please detail below any important information that our coaches should be aware of (e.g. Asthma, Epilepsy, and Diabetes)

* Have you been given any specific advice to follow in Emergences? YES NO

* Has your Doctor ever said that you have a heart condition and that you should only complete physical activity recommended by a Doctor? YES NO

* Do you feel pain in your chest when you do physical activity? YES NO

* In the past month, have you had chest pain when you are NOT doing physical activity? YES NO

* Do you lose your balance because of dizziness or have you ever lost consciousness? YES NO

* Do you have a bone or joint problem that could be made worse by change in your level of activity? YES NO

* Is your Doctor currently prescribing any medication for your blood pressure or heart condition? YES NO

I have understood and answered all the above questions honestly. I understand that I should not exercise if I feel unwell and that if my health changes I should inform my point of contact in the Club (Welfare Officer, Coach or Captain). If you have answered YES to any of the above questions please talk to your Doctor. Before you start to exercise with CRC you will need to ask them to provide you with a medical clearance form. **Over 50 years old recommended QRSIK score, important to know your cardiovascular risk and act on it if over 10% risk.**

DECLARATION

I have read and understood both the personal health and swimming statements above and declare that I understand and agree to conform to these expectations as well as the Clubs values, code of conduct, club rules and privacy statements **and understand that I Will be expected to help out at the Club.** I will help and support the Club to the best of my ability.

I confirm that CRCCIC 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 Club emailing relative to my membership.

Please tick if you do NOT consent to use photographs or video footage of yourself for training purposes or for CRCCIC website, newsletters, advertisements or other publications

SIGNATURE.....DATE.....