

LEARN TO ROW/SCULL - APPLICATION FORM

Please complete this form and return to Hereford Rowing Club, 37 Greyfriars Avenue, Hereford HR4 0BE Or by email to: secretary@herefordrc.co.uk

Full Name:	Mr/M	rs/Ms/Miss/Other
Date of Birth:		
Address & Postcode:		
Telephone/Mobile:		
Email:		
·		
Emergency Contact:		
Telephone/Mobile:		
The course fee is £50. This covers the 6week course including coaching, use of equivalent officers and coaches are unpaid. Subscriptions pay towards the costs of running the Rowaying new boats and equipment. will be paying by*: BACS (20-39-64 30479624) Cheque /Cash (enc	wing Club and	d where possible
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f paying by cheque please write your full name, telephone number and email on the	e back of the	e cheque.
What prompted you to consider rowing?		
How did you choose HRC?		
How did you choose HRC? GDPR & MEMBERS PRIVACY GDPR & MEMBERS PRIVACY		
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MEDICAL INFORMATION

Is the applicant in good health & not suffered from any serious illness, particularly epilepsy, rheumatic, congenital heart disease or aware of serious heart disease of an inherited type in the family? **No / Yes**

Does the applicant suffer from asthma? No / Yes* - please give details of treatment / medication required Does the applicant suffer from any other allergy? No / Yes - please give details No/Yes - please give details Any other medical conditions requiring treatment? Is the applicant on any form of prescribed medication? No /Yes - please give details of medication Does the applicant have specific dietary requirements? No / Yes - please give details Do you have any special needs that our coaches should know about? No / Yes - please give details Do you suffer from any known medical or physical condition that might affect you during physical exercise? (If in any doubt you should first consult a doctor) No / Yes - please give details Any change in either medical circumstances or home or emergency contact details should be notified to the Club without delay. DECLARATION OF HEALTH & SWIMMING ABILITY: (delete "Yes" or "No" as appropriate) Are you a competent swimmer capable of swimming at least 100 metres in light clothing? Yes No How would you specify your current activity level? (please circle as appropriate) Frequency: Nil Very little Weekly exercise 2-3 times/week Daily Intensity: Low Intermediate High Health note: Regular exercise may include some risk, especially for those who have been sedentary. Before beginning a regular exercise programme, you should consult your doctor if you are: over 40 and have not done any regular exercise for this past five years; smoke; have high blood pressure/cholesterol; have any signs/symptoms of any disease; experience chest pains/dizziness/loss of consciousness; are recovering from a serious illness or surgery; have a pacemaker or another implanted electronic device; have any other concerns about your ability to undertake regular exercise. On completion of the course, you will have the opportunity to join as a member of Hereford Rowing Club.

Senior Rowing / County Senior Rowing / Student / Student Vacation / Junior Rowing / Coxing

deducted from the appropriate fee due for the membership period up to 31 March.

Full membership year runs from 1st April to 31st March and the Learn to Row payment received will be

If you are interested in joining as a member, please circle the rowing membership type you are interested

(N.B. there is also Senior membership which is non-Rowing).

in: -

THE SMALL PRINT - Your signature below confirms that you have read and accepted in full the conditions of membership outlined here:

- I apply to become a Learn to Row member of Hereford Rowing Club
- I have read and agree to uphold Hereford Rowing Club's Rules, Code of Conduct and By-Laws (available on the HRC website & notice board)
- I agree to adhere to the British Rowing Water Safety Code and take account of safety on & off the water, at all times
- I agree to support the club to the best of my abilities.
- I understand the Club has insurance cover for its boats, however the Club does not provide personal accident cover, and if I want this, I should contact my own insurer.
- I certify that my health is my own responsibility but that I will advise the co-ordinator if there are any issues which may affect my participation in the course.

Applicants Signature:	Date:

Please note that during training sessions and regattas, photographs and videos may be taken, and these may be used for publicity purposes. By signing this document, you are allowing your image to be used by HRC.

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