

Membership Renewal Form - Hereford Rowing Club 2020/21 03/03/2020

I would like to remain a member of Hereford Rowing Club and undertake to row when called upon to do so. I will make myself aware & agree to abide by the Safety Policies, Standing Orders, Rules & Bylaws of the Club before starting to row.

Please complete, tick & circle as appropriate & return to the office or secretary@herefordrc.co.uk :

Full Name: _____ Mr / Mrs / Ms / Miss / Other* _____

Date of Birth: / / **compulsory if under 18 or intending to row Masters (over 27)**

| | | | |
|----------|--|-----------|--|
| Email: | | Phone: | |
| Address: | | Mobile: | |
| | | Postcode: | |

| | | | | |
|----------------------|------|--|--------|--|
| Emergency Contact 1: | NAME | | Phone: | |
| Emergency Contact 2: | NAME | | Phone: | |

MEMBERSHIP TYPE (please tick/circle):

| | | | | | | | | | |
|-------------------|--|----------------------|--|------------------|--|----------------|--|----------------------------|--|
| Senior Rowing | | County Senior Rowing | | Junior Rowing | | Student | | Student Vacation | |
| Senior NON-Rowing | | Senior + Gym | | Associate Member | | Vice President | | LOCKER No: (if applicable) | |

GDPR & MEMBERS PRIVACY

Signing & submitting this form confirms that you consent to HRC storing & sharing your personal data for membership administration purposes with office staff only, in line with the HRC privacy policy; and that you also consent to HRC sharing your personal data between coaches, committee members, British Rowing & other rowing clubs, which is always carried out in line with the HRC privacy policy.

- ❖ In addition to the above, I consent for HRC to create, store & share my personal data in image form in line with the HRC privacy policy for publicity and marketing. Under 13 years of age, Parent/Guardian to decide.

| | |
|-----|------------------|
| YES | I consent |
| NO | I do NOT consent |

- ❖ Consent for HRC to use my personal data in line with the HRC privacy policy, to market events related to HRC and for distribution of news related to HRC. Under 13 years of age, Parent/Guardian to decide.

| | |
|-----|------------------|
| YES | I consent |
| NO | I do NOT consent |

PAYMENT DETAILS: A payment of £_____ which includes:

| | | | | | | | | |
|---|----------------|------|---|-------------|------|---|------------|------|
| £ | Membership Fee | Tick | £ | Racking Fee | Tick | £ | Locker Fee | Tick |
|---|----------------|------|---|-------------|------|---|------------|------|

has been paid by: Cash/Cheque/by direct bank transfer to 20-39-64 30479624 on: ____/____/____
OR:

(Senior Rowing Only) I wish to pay by Standing Order – please send me a mandate form.

I confirm that my Standing Order Mandate will remain in place for the full Membership Year.

Payment of £26.17 for April 2020 has been paid by: Cash / Cheque / by direct bank transfer to:

Hereford Rowing Club Account: Sort Code: 20 – 39 – 64 Account No: 30479624 on: ____/____/____

Signed (Applicant) : _____

Signed (parent/guardian signature if applicant under 18): _____

Print Name _____ Date _____

Important – Rowing & Gym Members, please complete Medical Information (over page)...

Medical Information – Rowing & Gym Members Only

Is the applicant in good health & not suffered 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

Any other medical conditions requiring treatment? **No/Yes*** – *please give details

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

Can the applicant swim fully clothed for 100 metres? **No/Yes**

Please give any other information you feel is necessary _____

All medical information disclosed will be treated with the utmost confidence, in line with the HRC privacy policy.

However:

- ❖ Members with serious food allergies must take adequate and responsible steps to ensure relevant HRC parties are aware, appropriately.
- ❖ Members with serious allergies (stings &/or bites) or serious medical conditions, must ensure Captain & Coaches are aware when training or competing.