**MEMBERSHIP FORM**

Please complete this form and either return it to the Captain/ Junior Coordinator by leaving it at the Boathouse, Tyne Green, or by emailing it to the Club Secretary at hrcsecretary@gmail.com. The Club will use this information to ensure you are kept informed about the activities of the Club.

**PLEASE ANSWER ALL QUESTIONS IN BLOCK CAPITALS**

Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POST CODE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION**

Please provide details of any important medical condition,special needs or disabilities that the Captains/Junior Coordinators/Coaches should be aware of (e.g. epilepsy, asthma, diabetes etc.) Do you consider yourself disabled? Yes/No

**EMERGENCY CONTACTS**

**EMERGENCY CONTACT**

In the case of Emergency, please provide a contact name and telephone number.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile/Telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL INFORMATON**

Occupation of member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please delete as appropriate

I confirm that I/my Child is able to swim/is not able to swim a minimum of 50metres.

I have/ have not completed a rowing capsize drill.(Date completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Signature of Member**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date\_\_\_\_\_\_\_\_\_\_\_\_**

**CONSENT FROM PARENTS/ GARDIANS**

Health

My Child is in good health and I have completed the medical details and consent that, in the event of any illness/ accident, any necessary treatment can be administered to my child and that all reasonable steps will be made to contact me.

Media

There may be occasions when a photograph may be taken of junior members participating in land- based or events on the river. These may be shown on the club website or in local or rowing publications. In addition, we may video crew to assist with coaching,

**Please read the following statements and delete as appropriate**

I am aware that my child may have a video or photograph taken whilst taking part in rowing club activities and I am willing/ am not willing to give my consent.

In returning this completed form, I agree to my child in my care taking part in the activities of this club.

**Name of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/ Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEXHAM ROWING CLUB – STANDING ORDER MANDATE**

To (Please fill in the name and address of your bank)

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Account to be Debited**

Sort Code …………………………………………………..…..

Account No. ………………………………………………………..

Account Name ……………………………………………………….

**Beneficiary Details**

Bank Barclays

Branch Details Hexham

Sort Code 20 40 09

Account No. 20997218

Account Name Hexham Rowing Club

**Payment Details**

Amount of First Payment £…………………………..

Date of First Payment 15th………………………….

Amount of Usual Payment £20/£10

Amount of Usual Payment in Words Twenty Pounds/ Ten Pounds

Frequency (Monthly, Annually) Monthly

Date of Usual Payment 15th

Please continue payments until further notice.

**Customer Signature(s)**

……………………………………………………………………….. ……………………………………………………………………………

**Date** ……………………………………………

Telephone No.. …………………………………………

**PLEASE PRESENT COMPLETED FORM TO YOUR BANK**

Club Fees: Senior/Junior - £240 per Annum, £20 per month, Unwaged/Student - £120 per Annum, £10 per month. Family - £480 per Annum, £40 per month