



## MIRC - Membership Application Form 2017

We are very pleased to welcome you to Maidstone Invicta. Please complete your full details below and return this form to the Membership Secretary with the appropriate fee. See membership noticeboard for correct rates. Juniors under 18 must also ensure that a parent or guardian has signed this form before it is returned.

(NB Colt members fees will be paid termly via the School they are rowing with.)

### **TYPE OF MEMBERSHIP BEING APPLIED FOR (delete as applicable):**

Adult Full / Unemployed / Senior Concessions / Vacation Student /  
Term-time student / Coxswain / Junior Full / Coach / Non-Active /  
Junior Colt

Please Indicate Male or Female  M.  F. : Title  Mr /  Mrs /  Miss /  Ms ].....

**Surname:** ..... **Forename(s):-**.....

**Home Address:** .....

.....

..... **Post Code:** .....

**Telephone Nos Home:**..... **Mobile** .....

**Email (Parent's if a Junior) :** .....

.....@.....  
***This will be our main way of contacting you so please write clearly.***

**Occupation** [ If student or pupil *please state school or college* ]: .....

.....

**Previous Rowing Experience** [ give status ]:

.....

**Names of any previous Rowing Clubs you have belonged to:**.....

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**Date of Birth:** ..... **Age:** .....

Can you swim 100 metres in light clothing? .....

***[NB. You may be asked to demonstrate that you can swim this distance in a swimming pool ]***

**Applicants Medical Details:-** Do you suffer from Asthma, Diabetes, Epilepsy or any other condition which may arise while exercising?  YES /  NO .

If "Yes" please state which condition(s) and the likelihood of it occurring (please use a separate page with your name on if required) :.....

.....

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Are you a member British Rowing ?  YES /  NO .

If Yes give Current Reg. No.....

### **Notes for your information**

**Data Protection:-** For membership and medical purposes member's details may be held by the Club on a computer. Where necessary contact lists and your details will be circulated to officers of the Club. To ensure members safety the club's coaches may also be made aware of any medical conditions which might affect member's abilities. In addition, statistics, the names and ages of members may be passed to British Rowing, (or Sport England) to allow the Club to take part in the British Rowing's National Rowing Programme, however, all other contact details will remain confidential unless permission is specifically given to disclose them.

**Water Safety:-** Rowers normally row and scull without Life Jackets. It is therefore important that members can swim properly. In particular Guardians are asked to ensure that their children undertake proper swimming tests before they sign this form or allow their child to row without a life jacket. Every effort is taken to ensure that members are safe, however, as with all water sports there is an obvious and clear prospect that members may occasionally fall in the river.

Junior Colt members will be required to wear buoyancy aids until they have passed British Rowing's Water Safety tests and have parental permission to row without one. All juniors will from time to time be expected to retake their Water Safety Tests.

**Pictures of members.** The club may from time to time wish to use appropriate photographs of members competing or representing the club, in recruitment items or to release to the press in association with such events. If you wish to see such photographs before they are used please indicate below and we will endeavor not to use your or your Sons / Daughters photograph without your permission.

Please tick this box if you wish to authorise photographs before they are used or published by the club   
Note if you have not ticked this box it will be understood that the Club may use appropriate photographs.

### Emergency contact details

**TO BE COMPLETED BY ALL APPLICANTS**

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

If Parents / Guardians address differs to the applicants above, please enter it below:-

Address.....

**Two Contact telephone numbers** of responsible adults who can be contacted in Emergencies.

Name..... Mobile..... Home.....

Name..... Mobile..... Home.....

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club. I understand that I will be kept informed of these activities – for example timing and transport details. I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

**Name of Parent or Guardian .....[ if under 18 years of age ]**

Relationship to applicant:.....

**Parent's / Guardian's Signature** ..... **Date:** ...../...../.....

**Applicant's signature:** ..... **Date:** ...../...../.....

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### **This Section to be completed by Committee**

Correct Fees/ Standing .Order Received: Hon Treasurer/ Membership Sec. ....: .....

Date:...../...../..... Amount Received £ ..... Other Details .....

Agreed by Club Committee: Date: ...../...../..... Signed: .....Mem Sec..