

**COMPLETED FORM TO
BE POSTED IN THE BOX
IN THE GYM FOR THE
ATTENTION OF SIMON
THOMAS**



Newark Rowing Club
The Boathouse
Farndon Road
Newark
NG24 4SE

Newark Rowing Club Trial Membership Application 2017-18

This form is to be completed by all applicants or parent/carer/guardian before using any club facilities, either on or off the water.

1. Applicant Details

Full Name	
Address	
Email	
Contact Tel No	
Category	Senior / Junior / Student
Emergency Contact Name	
Emergency Contact Phone No	
Start date of trial period/LTR (6 weeks)	
End date of trial period/LTR	

At the end of the trial period Or LTR you will be contacted to confirm whether you wish to take up full membership of Newark Rowing Club.

2. Declaration

All applicants shall sign the following declaration:

- *For the duration of my trial membership of the Newark Rowing Club I understand that rowing is undertaken at my own risk.*
- *I confirm that I do not suffer from any disability or medical condition which may render me unfit for strenuous exercise**
- *I confirm that I am able to swim 50 metres in light clothing*

Signature	
Parent/Guardian**	
Date	

* if a medical condition exists, this will not necessarily preclude you from membership/participation, but it must be declared. Should you be in any doubt, advice should be sought from your family doctor before signing this document.

** parent/guardian must sign for any applicant who has not yet reached his/her 18th birthday

3. Signatures

Applicant		Date	
Club Officer		Date	



Please note that trial membership does not qualify you to enter events as a representative of the club. You will be required to be a full Newark Rowing Club member in the appropriate category in order to be entered in such events.

This page is to be completed for JUNIOR applicants by parent/carer/guardian

Junior's Name	
Junior's Address	
Home Phone	
Parent/Carer Name	
Parent/Carer Name	
Parent/Carer Mobile	
Parent/Carer Mobile	
Email – 1	
Email – 2	
Emergency Contact name (if none above)	
Home Phone	
Mobile Phone	
Doctor Name	
Doctor's Address	
Doctor's Phone Number	
Current Medication	
Known Allergies	

Anything else we should be aware of. (Please continue on a separate sheet if necessary)