



Membership Form (2022)
Please insert details in **BLOCK CAPITALS** below:

| | | | |
|--|--|----------------------|--|
| Full Name | | Date of Birth | |
| Email | | Mobile No | |
| | | Home No | |
| Address | | | |
| Emergency Contact name and Phone number | | | |

Please **INITIAL** each of the boxes in the right-hand column to show that you understand and agree to the following:

| | |
|---|--|
| I wish to become a member of Firth of Clyde Coastal Rowing Club and agree to comply with the rules and spirit of the Club. | |
| I am responsible for my personal safety at all times and understand that rowing and any other Club activities are undertaken at my own risk. | |
| The Club will not accept any liability for personal injury arising out of use of Club facilities, or out of participation in any Club activity. | |
| The Club will not accept any liability for any damage or loss to property belonging to members, their guests or visitors to the Club. | |
| I have read and understood the Code of Conduct which I agree to and comply with | |

Please answer **YES or NO** in each of the boxes in the right-hand column:

| | |
|---|--|
| I can swim. | |
| I agree to any photographic images associated with rowing being used for promotional purposes. | |
| I agree to the above email address and mobile number being copied to another club. members and agree that details may be used for purposes associated with the Club and rowing. | |
| I understand that all details will be deleted if I require their deletion or leave the Club. | |
| I have a medical condition and/or use medication that I think the Club should be aware of (give details on next page). | |
| Willing to help with: | |
| Fundraising <input type="checkbox"/> Coxing <input type="checkbox"/> Towing <input type="checkbox"/> | |
| Boat Maintenance <input type="checkbox"/> Social Rowing <input type="checkbox"/> Youth Rowing <input type="checkbox"/> | |

| | |
|---|-------|
| Signed: | Date: |
| Responsible Person Signature (if member under 18yrs) | Date: |

The Club complies with the General Data Protection Regulations 2018. The Club will only keep information as long as necessary and the contact details will only be used in an emergency and for internal club communication purposes.

MEMBERSHIP FEES:

Please make payment can be made by Bank Transfer. The current membership fee is £25 Adult or £10 youth members. This covers the period 1 November 2021 to 31 October 2022.

Account: Firth of Clyde Coastal Rowing Club
Sort Code: 83-16-37
Account Number: 00600830
BACS Reference: Your full name.

A very warm welcome to the club! We communicate using facebook, please request to join FOCCR Rower private members group.

EMERGENCY INFORMATION FORM

Please insert all details in BLOCK CAPITALS below :

| | |
|----------------------------------|--|
| Full Name | |
| Date of Birth | |
| Blood Type (if known) | |

| | | |
|---|-------|------------|
| 1st Emergency Contact | Name: | Telephone: |
| 2nd Emergency Contact | Name: | Telephone: |
| 3rd Emergency Contact | Name: | Telephone: |

CIRCLE below and if yes please detail

| | | |
|--|-----|----|
| Do you have any allergies ? | Yes | No |
| | | |
| Do you have any current or relevant historical medical conditions ? | Yes | No |
| | | |
| Do you currently use medication that we should be aware of? | Yes | No |
| | | |

| | |
|---|-------|
| To be signed for by a responsible person over 18yrs | |
| Signed: | Date: |

IT IS YOUR RESPONSIBILITY TO KEEP THIS FORM UP TO DATE