



Bairnsdale Rowing Club Membership Form

P.O Box 823 Bairnsdale, VIC 3875

Personal details

Name: _____ Date of birth: ___/___/___

Address: _____

Telephone: (h) _____ (w) _____ (m) _____

Email: _____

Emergency contact details

For Adults

Name 2 people who can be contacted in case of an emergency

Name: _____ (h) _____ (w) _____ (m) _____

Name: _____ (h) _____ (w) _____ (m) _____

For under 18 year olds

Preferred contact: Mother Father

Parents Names: _____

Parents Telephone: (h) _____ (w) _____ (m) _____

Can you swim 50m unaided?(please circle) Yes / No

Confidential information regarding Injury/Illness

Do you currently, or have you ever, suffered from any of the following? (please tick if YES and PROVIDE DETAILS including management procedures and any regular medication taken)

- Asthma Bronchitis Epilepsy Blackouts Diabetes Ear problems Allergies
 Insect bite reactions Muscular and/or skeletal injuries Reactions to particular medicines
 Any other special needs?

Please sign your acceptance of the following:

I understand that whilst every endeavour will be taken to ensure the safety of participants in the Learn to Row Program, I accept that there are inherent risks of danger and injury associated with rowing. I am medically and physically fit and able to participate in rowing activities.

Signature: _____ Date: ___/___/___

If under 18 please have this form countersigned by a parent/guardian:

Parent/Guardian name: _____

Parent/Guardian Signature: _____ Date: ___/___/___

Type of Membership (please circle):

- Under 18 / Adult /Family
- Competitive / Recreational