



# 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