

Your Personal Health ('Rowing' members)

There are potential health risks associated with strenuous exercise. Anyone who might be at risk due to a prior or current illness or injury is advised to consult their medical practitioner prior to any exercise. Some conditions do not prevent individuals participating in sport, but you do have a duty to declare any condition that may put you or others at risk.

Also there is a duty to declare any change in your personal health whilst you are a member of Hollowell Scullers that may put yourself or others at risk.

If there is any doubt you should first consult your doctor

Do you suffer from any medical condition that may affect your ability to row? **Yes / No**

Please inform your coach

Details:

Capsize training

The club will periodically run capsize training.

If you are intending to take part in rowing, please confirm (circle 'Yes' or 'No') :

- the absence of any medical or physical condition that would preclude you from strenuous exercise. **Yes / No**
- your ability to swim at least 50 metres in clothing (rowing kit). **Yes / No**
- your ability to tread water for at least 2 minutes. **Yes / No**
- your ability to swim under water for at least 5 metres. **Yes / No**

(If you are unable to demonstrate the minimum swimming standards (above) you will be required to wear a personal flotation device when rowing.)

I/we hereby agree to be bound by the Rules of Hollowell Scullers and by the requirements set out in the Members Handbook, Boat User and Trailer User Conditions. **Yes / No**

Any Rowers included in my application are already members of British Rowing, or once members of this British Rowing Affiliated Club (Hollowell Scullers), I will straightaway apply for membership of British Rowing, providing £5M Civil Liability (Third Party) Insurance for all activities, including safety boat driving, associated with the sport of rowing.

Yes / No

I declare that any craft used by me has a valid and current insurance of at least £2m. I/we have no objection to the personal information supplied on this form being held for the sole use of the Club. If my/our membership includes dependents under the age of 18 years, I/we will be in attendance at the Club, and responsible for them, whenever they are at the Club.

SignedDate

Have you enclosed your Banker's Order?

Please send your completed form to: Membership Secretary, Hollowell Scullers, c/o Hollowell Sailing Club, Hollowell Reservoir, Hollowell, Northamptonshire NN6 8RN.

BANKER'S ORDER FORM

To: The Manager Bank

Bank Address

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.....

Postcode

Please pay: Hollowell Scullers

Bank Lloyds TSB

Account 38950760

Sort Code 30-96-09

The amount: £15 on the 1st 20

and thereafter on the 1st day of each month until further notice.

(New memberships are required to give a deposit of 2 months up front fees when joining and give notice of 2 months to receive these back at the end of membership)

Bank Account Number Sort Code

Account holder: Name.....

Address.....

.....

.....

Postcode

Signature:

Date:

This standing order to replace any existing Standing Order arrangements, payable to Hollowell Scullers.
Please send your completed form to: Membership Secretary, Hollowell Scullers, c/o Hollowell Sailing Club, Hollowell Reservoir, Hollowell, Northamptonshire NN6 8RN.

Hollowell Scullers, Parent Consent Form

Please complete one form for each Junior, that wants to Row

We are very pleased to welcome all under 18s (Juniors) to Hollowell Scullers. Rowing activities on the water and its associated training can be performed safely, if we manage the risks. Part of the risk management is gathering information on health and swimming proficiency. This information is confidential but important to ensure your child's welfare as a participant. The club will periodically hold training in capsized procedures and swim tests.
Personal Details: (Please complete in block capitals. Complete a separate form, for each child.)

Junior's Name:
Date of Birth:
Emergency contact details
Parent/Carer's Name:
Address:
.....
Post code:
Tel. (Home):
Tel. (Mobile):
Tel. (Work):
Email :

Details above are made available to all members to facilitate communication and organisation of activities. If you do not wish your details to be made available to all members (circle "Yes" or "No" as appropriate)
Yes / No

Declaration of Health and Swimming Ability:

Does your child have any special need that our coaches should know about? Yes / No

Does your child suffer from any known medical or physical condition that might attract them during physical exercise? (If in any doubt you should consult a doctor). Yes / No

If the answer is "yes" to either of the above please give details below:

Can your child:
- swim at least 50 metres in clothing (rowing kit). Yes / No
- tread water for at least 2 minutes. Yes / No
- swim under water for at least 5 metres. Yes / No

If your child is unable to demonstrate the minimum swimming standards (above) they will be required to wear a personal flotation device when rowing. Until they have completed capsized training they will also be required to wear a personal flotation device.

Consent:

N.B. This consent should be completed before any activity is undertaken.

- I apply for my child to become a family member of Hollowell Scullers
- I agree to my child taking part in the activities of the Club and understand that I will be kept informed of these activities – e.g. timing and transport details.
- I agree to comply with the rules and constitution of the Club and the rules of British Rowing.
- I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and, having parental responsibility for the above child, I give permission for first aid to be administered or, where considered necessary, treatment by a suitably qualified medical practitioner.
- If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

Any change in either medical circumstances, home or emergency contact details should be notified to the Club without delay.

Parent/Carer's Signature:
Print Name:

Junior's Signature:
Print Name:

Date:

Return to: Membership Secretary, Hollowell Scullers, c/o Hollowell Sailing Club, Hollowell Reservoir, Hollowell, Northamptonshire NN6 8RN.