

CASTLE DORE ROWING CLUB

www.castledorerowingclub.org.uk

REGISTERED CHARITY NO.1111204

JUNIOR MEMBERSHIP 2007

I wish to apply for/renew my membership of CDRC (*delete as applicable*)

NAME.....

ADDRESS.....

..... POSTCODE.....

HOME PHONE No..... MOBILE PHONE No.....

EMAIL ADDRESS.....

DATE OF BIRTH..... ROWING/ SCULLING STATUS (if any)

Category of Membership: Junior £45 (or Family £160)

I agree to abide by the rules of the Club as set out in the Club Handbook. I confirm that I can swim 50 metres in light clothing, that I am familiar with the ARA Safety Code and that I know of no medical reason why I should not take part in Club activities.

Medical conditions or previous injury that the Club should be aware of are:

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.....

I enclose payment of £.....

Signed Date.....

PARENTAL CONSENT (for all Juniors under 18)

I consent to my son/daughter taking part in the activities of CDRC and I understand that in the event of any injury, illness or other emergency all reasonable steps will be taken to contact me and to deal with any injury/illness appropriately.

CONTACT NAME.....Emergency contact nos:

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Signed by Parent/Guardian for Junior member.....Date.....