

# Bewdley Rowing Club Fun Regatta Application Form

To the Hon. Secretary of Bewdley Rowing Club - I wish to become a Member of Bewdley Rowing Club. I agree, to conform to the Rules and the Health and Safety Policy of the Club.

*(It is a condition of membership of Bewdley Rowing Club that all members abide by the Child Protection Procedures, which are in place as required in the Club's affiliation to the British Rowing)*

☐ **Competitor**

Name.....

Address.....

Post Code..... Phone.....

Email Address..... Date of Birth .....

Emergency Contact Name & No.....

## Injuries or Illness

Rowing is a sport which requires high intensity work over long periods of time and if you about to begin training for the first time or haven't exercised for a while it is advisable to check your general health with your doctor before commencing any form of strenuous exercise.

**Please note:** *It is important that you notify the club of any medical condition that develops during your membership that could affect your safety, or that of others, when taking part in club activities.*

## Please complete the following declaration:

I **declare** that I am in good health and have not suffered from any serious illness, such as serious heart disease, epilepsy or high blood pressure and that I do not suffer from any of the following (*delete as applicable*)

|        |        |          |        |          |        |
|--------|--------|----------|--------|----------|--------|
| Asthma | yes/no | Epilepsy | yes/no | Diabetes | yes/no |
|--------|--------|----------|--------|----------|--------|

|            |        |           |        |              |        |
|------------|--------|-----------|--------|--------------|--------|
| Bronchitis | yes/no | Blackouts | yes/no | Ear Problems | yes/no |
|------------|--------|-----------|--------|--------------|--------|

|                                              |        |
|----------------------------------------------|--------|
| Muscular/skeletal injuries: e.g. Back injury | yes/no |
|----------------------------------------------|--------|

|                                                 |        |
|-------------------------------------------------|--------|
| Are you currently taking any form of medication | yes/no |
|-------------------------------------------------|--------|

If the answer to any of the above is yes, please confirm with your GP that you are able to take up rowing without causing risks to yourself or others participating in the sport.

I **declare** that I can swim at least 100 metres in light clothing and that I will abide by the Health & Safety Policy of Bewdley Rowing Club (Copy in Clubhouse)

**Print Name** .....

**Signature:** ..... **Date**.....