



Junior Membership Application Form 2018

Junior rowing (Under 14s and Under 16s. School Years 8 - 11) 2018 Membership: £44.00

Junior Full Name			
Address (inc Postcode)			
DOB:		School Year:	
Weight (for Lifejackets)	Under / Over 40 Kg (please circle)		

Parent / Guardian Name			
Address (if different from above inc Postcode)			
E-Mail:			
Telephone:	Home:	Mobile:	
Additional person to contact in an emergency	Name:	Relationship:	
Telephone	Home:	Mobile:	
I certify that I am able to swim in the sea in excess of 100 metres unaided			YES NO

Declaration: Junior Member: I wish to apply for Membership of Charlestown Rowing Club. I have read and understood the CHARLESTOWN ROWING CLUB POLICIES, SAFETY CODES, CODE OF CONDUCT and HANDBOOK and the BRITISH ROWING 'ROWSAFE' HEALTH & SAFETY DIRECTORY and I agree to abide by the Charlestown Rowing Club, CPGA and British Rowing rules.	
Signed. (Junior)	Date.

Club Handbook, Policies and Safety information are available on our website:
www.charlestownrowingclub.org

NOTE: We expect good behavior from our club members. Charlestown is a working port so care must be taken especially around the harbour walls, edges, boats, fishing gear etc.

The harbour is not a secure area and it is parent's responsibility to supervise their children at all times while they are not in the boats during rowing, training and at events.

Please return the completed and signed form, with the correct membership fee to:
Sheleagh Pears 3 The Old School, Charlestown Road, Charlestown PL25 3NL
(Cheques payable to Charlestown Rowing Club)

*Parent / Guardian must now complete the questionnaire and Declaration on the reverse of this form.
Incomplete forms will be returned.*

Rowing Pilot Gigs can be demanding and strenuous exercise. If you have any questions about this section please consult the Membership Secretary before your child participates in these sports activities

Regarding your Childs Health and Safety - have they....	YES	NO
Ever fainted or become dizzy whilst exercising?		
Ever had chest tightness, cough, wheezing which has made it difficult for them to perform sport?		
Had a GP ever said that they have a heart condition? Or is their GP currently prescribing drugs for their blood pressure or heart condition?		
Felt pain in the chest when you do physical activity?		
In the past month, have they had chest pain when they were not performing physical activity?		
Lost balance because of dizziness or ever lost consciousness?		
A bone or joint problem that could be made worse by rowing or a change in physical activity?		
Ever suffered from Epilepsy or Rheumatic Fever ?		
Routinely taken any medication in the last two years?		
Got Asthma? Or use Salbutamol, Ventolin etc.		
Any other information which may affect your child's Health, Safety or Welfare; or the Health Safety and Welfare of other Club Members?		
Other conditions / Health issues? Behaviour, hearing, vision, language, mobility etc. Please detail on separate sheet and please speak to our Membership Secretary or Welfare Officer for clarification.		

Declaration: Parent / Guardian: I have read, understood and completed the above questionnaire and I confirm that the answers above are related to my child and correct and if I have answered YES to any of the questions I have seen a GP who has affirmed that my child is able to participate safely in these water sports.

I support my child's application for Junior Membership of Charlestown Rowing Club. I have read and understood the **CHARLESTOWN ROWING CLUB POLICIES, SAFETY CODES, CODE OF CONDUCT and HANDBOOK** and the **BRITISH ROWING 'ROWSAFE' HEALTH & SAFETY DIRECTORY**

I also confirm that I give permission for:

- My child to be transported to and from any rowing related events, such as Regattas and training.
- Photographing / videoing and publication of images of my child in line with the CPGA Child Protection Procedures. Images may be published on the club website or social media or used as a training aid.
- In the event of an emergency for a club member to give first aid treatment to my child, and/or for medical assistance to be called for my child: and I also give permission for my child to be taken to hospital or a medical treatment facility and treated in my absence if it is considered necessary.

If you wish to refuse permission for any of the above please discuss this with the Membership Secretary

Signed. (Parent/ Guardian)

Date.