



river
Teign
rowing club Ltd

RIVER TEIGN ROWING CLUB LTD - MEMBER APPLICATION FORM 2011
Winter Season - 1st October 2011 to 29th February 2012

Title	Surname	First Name	Date of Birth	Contact tel.no.	Email	Signature

Address

Postcode

Student and Junior members must have the reverse side of this form completed by a parent or carer.

The above signed hereby apply for membership of the River Teign Rowing Club Ltd for the period 1st October 2011 until 29th February 2012. With the exception of non-rowing members, upon acceptance into membership of the River Teign Rowing Club Ltd I understand rowing is undertaken at my own risk. I confirm that I will abide by the Club Safety Code, Club Charters and Club Rules current at the time of my membership. I confirm that I do not suffer from any disability or medical condition which may render me unfit for strenuous exercise*. I confirm I am able to swim a minimum of 50 metres (ROSPA recommended standard) *Should a medical condition exist this will not necessarily preclude you from membership or participation but it must be declared. If in any doubt, advice should be sought from your family doctor. If you are registered disabled please tick this box

Winter Membership

Adult

Over 18yrs old on 1st
October

£10

Junior/Student

Children 12 to 18yr on 1st
October/Students in full time
education

£5

Scullers member fee - Above member categories apply, add £15 for an Adult and £10 for a Junior/Student. Current FULL RTRC members can now pay £15 supplement to upgrade to a winter membership

Adult (£10+£15) £25

Junior/Student (£5+£10) £15

Current Member Upgrade £15

Please make cheques payable to RTRC Ltd, return your form and payment to Sharon Sanger, Membership Secretary, 14 Laskeys Heath, Liverton, Devon, TQ12 6PH. Any membership queries please email:- membership@rtrc.co.uk



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RIVER TEIGN ROWING CLUB LTD - JUNIOR MEMBERSHIP DECLARATION FORM 2011
Winter Season - 1st October 2011 to 29th February 2012
This form must be completed in full and signed by your parent or carer.

Title	Surname	First Name	Date of Birth	Emergency contact phone number	Please specify any medical condition or disability of which the club should be aware

Child Protection

As an active competing club, photographs and videos are used for publicity and club records. Do you agree to the club using photographs or video recordings of your child for this purpose? YES NO

Emergencies

In the event of an emergency, club members may administer basic first aid and contact the emergency services if required. I consent to The River Teign Rowing Club Ltd providing any necessary emergency treatment for my child. I agree to RTRC sharing my child/ren's medical information with relevant parties e.g. safety boat & coxes

I AGREE TO MY CHILD/CHILDREN, AS DETAILED ABOVE, TO BE A MEMBER OF THE RIVER TEIGN ROWING CLUB LTD.

Parent/Carer Name

Signature

Address