

City of Swansea Rowing Club

Membership Secretary: Bill Gannon
30 Hebron Road
Clydach
SWANSEA SA6 5EJ

Telephone: 01792 849456
Email: bill@gannon.me.uk
Website: http://rowswansea.org.uk

Please fill in all the details below and send it with your cheque to the address above. Many thanks for your interest in our club. We hope you have a great time on and off the water.

| Personal Details | Applicant |
|------------------|-----------|
| Name | |
| Address | |
| Phone | |
| Mobile | |
| Email | |

New Membership:

(please tick one)

| | |
|--|--------------------------|
| Full membership at £100.00 per year | <input type="checkbox"/> |
| Junior membership at £65.00 per year | <input type="checkbox"/> |
| Country membership at £50.00 per year | <input type="checkbox"/> |
| Social membership at £40.00 per year | <input type="checkbox"/> |
| Summer Student membership at £50.00 per year | <input type="checkbox"/> |
| 100 Club membership at £12.00 per year | <input type="checkbox"/> |
| Term Student membership at £60.00 per year | <input type="checkbox"/> |

Family Discount:

If another member of your family is already a member of the club, you may deduct £25 from the Full Price, or £12.50 from Half Price membership.

Name of Family Member:

Time of Year:

(please tick one)

(NOTE: NOT APPLICABLE TO SUMMER STUDENTS)

| Joining | Pay | Membership will expire | |
|------------|------------|----------------------------|--------------------------|
| Oct to Mar | Full price | 30th Sep next | <input type="checkbox"/> |
| Apr to Jun | Half price | 30th Sep of current year | <input type="checkbox"/> |
| Jul to Sep | Full price | 30th Sep of following year | <input type="checkbox"/> |

Summer Students:

Summer Student membership is for one year from 1st June. No discounts available.

Fee Enclosed: £ membership

As an Oarsman I can swim 100m in clothes. I enclose a completed Medical Form (overleaf) and will abide by the safety regulations laid down by W.A.R.A. If the Application is for Junior Membership the form MUST instead be signed by a parent or legal guardian of the child.

Signed: Dated: / /200

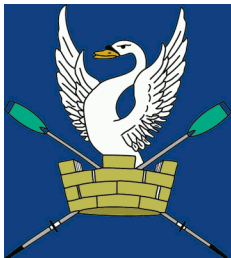
Date of Birth of Applicant: / /19 (if under 18 years)

Applicants must be proposed and seconded by Senior Club Members:

Proposed: Signed:

Seconded: Signed:

Please send us your membership renewal fee plus any outstanding balance by cheque to the Membership Secretary's address above. Cheques made payable to 'City of Swansea Rowing Club'.



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Medical Form

| | |
|---|--------------------------|
| Please state any known medical condition that inhibits strenuous exercise: | |
| Asthma | <input type="checkbox"/> |
| Heart Condition | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> |
| Back and lumbar pain or muscular spasm | <input type="checkbox"/> |
| Physical disabilities (please discuss with your appointed coach) | <input type="checkbox"/> |
| This is not an exhaustive list - please note below any other condition, which may be relevant. If you have any concerns please consult with your doctor. | |
| | |
| Please state any allergies or other considerations you have/need should you be hospitalised. | |
| Allergies | |
| Other conditions | |
| Your Contact Details: | |
| Home Phone | |
| Mobile Phone | |
| Email Address | |
| Next of Kin: | |
| Name | |
| Address | |
| Home Phone | |
| Mobile Phone | |
| Relationship to you | |
| ICOE Numbers | |