Dover Rowing Club

FOUNDED 1846

Membership Application Form

You have the right of access to information held on you and other rights under the Data Protection Act 1984

Title:		Surname:	
Forename:			
Address:			
Postcode:		Date of Birth:	
Phone – Home:			
Phone - Mobile:			
E-Mail address:			

I apply for membership of DOVER ROWING CLUB indicated below and do hereby agree to abide by the constitution and by-laws of the club including the water safety rules, and any amendments made, there to by those empowered, and enclose with the application the appropriate standing order slip/subscription.

I declare that I can swim at least 100 metres in the sea with rowing kit and in the event of my not being able to swim this distance I do not hold the club responsible for any accident which may occur through my inability to swim.

Do you have any medical or physical condition precluding heavy exercise? Yes* ☐ No ☐

Do you consider yourself to have a disability? Yes* ☐ No ☐

**Please complete the details on Page 2*

PAYMENT OF FEES

Fees can be paid on a monthly basis by standing order/direct debit (*which is our preferred method of payment*) or a once yearly payment by cash or cheque, Please set up your SO/DD directly with your bank and confirm when it is done. Please note a re-joining fee of £90 may be payable should you fail to maintain your monthly payments.

BANK DETAILS

Account Nr: 51515942 / Sort Code: 40-19-23 / Account Name: Dover Rowing Club

MEMBERSHIP FEES

FULL Membership £240.00 Year / £20.00 Month ☐

COXSWAIN (No rowing or gym use - coxing only) £ FOC ☐

BRITISH ROWING ROW Membership (Optional)
Note: Please check BR Membership website for up to date costs.
Please join British Rowing directly – https://www.britishrowing.org/join/#row

SELF DECLARATION

Dover Rowing Club abides by the British Rowing Child Protection Procedures in Rowing (a copy of which can be obtained through the secretary).

If you answer YES to any of the questions below, please provide details over the page

Have you been convicted of any criminal offence? No ☐ Yes ☐

NOTE: You are advised that under the provisions of the Rehabilitation of Offenders Act 1974 (exceptions) order 1975 as amended Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986 you should declare all convictions including 'spent' convictions.

Are you a person known to any Social Services department as being an actual or potential risk to children?

No ☐ Yes ☐

Have you had any disciplinary sanction relating to child abuse? No ☐ Yes ☐

SIGNATURE OF APPLICANT: ..... DATE JOINED: .....

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MEDICAL INFORMATION

Do you consider yourself to have a disability? Yes ☐ No ☐

If yes, what is the nature of your disability?……
……..
……..……
……..

Do you have any medical or physical condition precluding heavy exercise? Yes ☐ No ☐

Please note: Use of gym equipment is entirely at your own risk and DRC takes no responsibility for injuries caused by misuse or health conditions we are unaware of.

Please detail below any important medical information that we should be aware of (ie, epilepsy, diabetes, etc)

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Are you currently taking any form of medication that relates to the above?.....
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ANY OTHER INFORMATION:

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