

# Hereford Rowing Club Membership Application Form

05/03/21

I would like to become a member of Hereford Rowing Club, and if accepted, I undertake to row when called upon to do so. I will make myself aware & agree to abide by the Safety policies, Standing Orders, Rules & Bylaws of the Club before starting to row.

Please complete, tick & circle as appropriate & return to the office or secretary@herefordrc.co.uk:

Full Name: \_\_\_\_\_ Mr/Mrs/Ms/Miss/Other\* \_\_\_\_\_

Date of Birth:        /        /        **compulsory if under 18 or intending to row Masters (over 27)**

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Rowing Experience (if any): \_\_\_\_\_

Introduction to Rowing – (Valid for one month - no fee):    Yes / No \*

## MEMBERSHIP TYPE (please tick/circle):

Senior Rowing	<input type="checkbox"/>	County Senior Rowing	<input type="checkbox"/>	Junior Rowing*	<input type="checkbox"/>	Student	<input type="checkbox"/>	Student Vacation	<input type="checkbox"/>
Senior NON-Rowing	<input type="checkbox"/>	Senior + Gym	<input type="checkbox"/>	Associate Member	<input type="checkbox"/>	Vice President	<input type="checkbox"/>	LOCKER Required	<input type="checkbox"/>

Emergency contact 1:        Name: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact 2:        Name: \_\_\_\_\_ Phone \_\_\_\_\_

## GDPR & MEMBERS PRIVACY

Signing & submitting this form confirms that you consent to HRC storing & sharing your personal data for membership administration purposes with office staff only, in line with the HRC privacy policy; and that you also consent to HRC sharing your personal data between coaches, committee members, British Rowing & other rowing clubs, which is always carried out in line with the HRC privacy policy.

❖ In addition to the above, I consent for HRC to create, store & share my personal data in image form in line with the HRC privacy policy for publicity and marketing. Parent/Guardian to decide, if under 13 years of age:

YES	I consent
NO	I do NOT consent

❖ Consent for HRC to use my personal data in line with the HRC privacy policy, to market events related to HRC and for distribution of news related to HRC. Parent/Guardian to decide, if under 13 years of age:

YES	I consent
NO	I do NOT consent

Signed (Applicant) : \_\_\_\_\_

Signed (parent/guardian signature if applicant under 18): \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Junior Consent\*** If the applicant is under 18 years of age, parent/guardian to please complete this section below to confirm consent to this application and activities relating to it.

Parent/Guardian email address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Information** (Applies to Rowing & Gym Members only)

Is the applicant in good health & not suffered from any serious illness, particularly epilepsy, rheumatic, congenital heart disease or aware of serious heart disease of an inherited type in the family? **No / Yes**

Does the applicant suffer from asthma? **No / Yes\*** - please give details of treatment / medication required

\_\_\_\_\_

Does the applicant suffer from any other allergy? **No / Yes** - please give details

\_\_\_\_\_

Any other medical conditions requiring treatment? **No/Yes** - please give details

\_\_\_\_\_

Is the applicant on any form of prescribed medication? **No /Yes** - please give details of medication

\_\_\_\_\_

Does the applicant have specific dietary requirements? **No / Yes** - please give details

\_\_\_\_\_

Can the applicant swim fully-clothed for 100 metres? **No/Yes**

Please give any other information you feel is necessary \_\_\_\_\_

\_\_\_\_\_

All medical information disclosed is treated with the utmost confidence, in line with the HRC privacy policy. However:

- ❖ Members with serious food allergies must take adequate and responsible steps to ensure relevant HRC parties are aware, appropriately.
- ❖ Members with serious allergies (stings &/or bites) or serious medical conditions, must ensure Captain & Coaches are aware when training or competing.

Emergency contact 1: Name: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact 2: Name: \_\_\_\_\_ Phone \_\_\_\_\_

\*A copy of the HRC privacy policy can be found at <https://herefordrc.co.uk/uploads/PrivacyPolicy.pdf>

This application will be passed to the Committee for approval after which you will receive confirmation of membership acceptance & request for full payment due. (If Introduction to rowing is undertaken - fee will be due after the introductory month).