**COME AND TRY ROWING AT INVERNESS ROWING CLUB**

**Application Form**

**This course takes place over 3 consecutive weekends on Saturday 12th September 10.30-15.30 followed by Sunday 20th and 27th September 10.00-12.00. It is anticipated that you will attend on all 3 days but attendance on the first day is essential. Cost £25 to be deducted from subsequent membership fee if you decide to join the club. A snack lunch will be provided on Saturday 12th September.** If you have any specific dietary requirements that you should bring your own food with you. Vegetarian snacks should be available.

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| **Personal Details** | | | | | |
| **Name** | | | **Date of birth** | | |
| **Address** | | | **E mail** | | |
| **Telephone** | | | | | |
| **Home** | | | **Mobile** | | |
| **Emergency contact (Juniors -under 18 years of age) must give details of one or both parents+/-or guardian)** | | | | | |
| **Name** | **Relationship** | | **Home phone No** | | **Mobile Phone No** |
| **Able to swim at least 50metres?** | | | Yes /No | | |
| **Rowing experience –where/ when/level** | | | | | |
| **Scull** | | | **Sweep** | | |
| **Rowing goals** | | | | | |
| **Fun** | **To compete** | | **Fitness** | | **Not sure** |
| **Other interests** | | | | | |
| **Any health issues that we should be aware of?** | | | | | |
| Rowing can be a strenuous activity and you must make sure you are in good health. If you have any medical conditions that could be adversely affected by exercise you must get clearance from your doctor before participating. Please give details of any medical conditions you think we should be aware of e.g. asthma, heart problems, epilepsy, diabetes, allergies etc.  **Please note:** If you suffer from any medical condition that may affect your safety or the other members of your crew while out on the water you must ensure that your coach and your crew are aware of this. | | | | | |
| **CONDITIONS OF APPLICATION** | | | | | |
| I apply for a place on the COME and TRY Rowing course commencing on Saturday 12th September followed by sessions on 20th and 27th September.  I confirm that I can swim 50 metres, wearing rowing clothing and shoes.  **If I have any medical conditions, that may be adversely affected by exercise, I have sought the advice of my doctor who confirms that I am able to row safely, recreationally and/or competitively. I understand that, if my medical condition potentially affects my safety or the safety of my crew while out on the water, it is necessary to share this information with the coach and the crew. I understand that this information will be shared with the IRC Medical Officer and the Club Captain.**  **DATA PROTECTION** I authorise the Club to retain my name, and contact details (telephone numbers & email, and address) in a Club Members Contacts List held by the Secretary.  **I confirm that the information above is true and I acknowledge the commitment to support the wider club interests.** | | | | | |
| **Name** | | **Signature** | | **Date** | |
| **IF YOU ARE UNDER 18 YEARS ON 1ST APRIL 2015 Please ask your parent or guardian to read the important notes below and to sign this parental consent.**  **Important notes to parents:**   * **Videos and photographs** may be taken during training sessions and regattas to give feedback on technique to the rowers. Please be aware that members of the public frequently walk along the canal tow paths and may take photographs or videos which could include both senior and junior club members.   I confirm that the information given in this application is true and correct.  I consent to\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s application for membership of Inverness Rowing Club and agree that his/her parents/guardians will abide by the conditions of application set below even though they may not be members of the club.  Signed Date  Relationship to applicant Address (if different to above)  Email address | | | | | |
| **Please send your completed application form with a cheque for £25 payable to Inverness Rowing Club to the address below? Places are limited so early application is advisable**. The fee will be deducted from your subsequent membership fee should you decide to join.  **Rosemary Arthur, IRC secretary,**  **An Sgurr Achintraid, Kishorn, Strathcarron, Wester Ross, IV548XB**  **Any queries please contact me at:** [**Rosemary.arthur@btconnect.com**](mailto:Rosemary.arthur@btconnect.com) | | | | | |