



Kingswear Rowing Club

Established 2002

www.kingswearrc.co.uk

Chair: Steve Ainsworth

Hon Secretary: Anita Howard

Springbank, Lower Contour Road, Kingswear TQ6 0AL

Tel: 01803 752354 Email: anita.howard@live.com



Membership Application 2020 - 21

Name: Sex: M / F*

Address:
.....

Postcode: Email:

Home Phone: Mobile Phone:

Swimmer: Yes / No*

I apply for membership of Kingswear Rowing Club. I agree to abide by the rules of the Club as laid down in the Members Charter and Safety Code. I agree to keep myself updated regularly regarding Rowing Club safety matters from the Club website or notice board.
I have signed the Declaration of Health and I agree to use the Club's Boats and Ergometers entirely at my own risk and I accept the terms of the disclaimer. I understand that I will not be able to use any Club equipment if my subscription is overdue.

Annual Subscription *Please tick appropriate fee and membership type*

Adult £60 Adult paid before 1st April 2020 £50

Social member £10 Winter member (after 1st Oct 2019) £30

Youth (age 17 to 21 on 1st March 2019) Date of birth: / / £20
(Parent or legal guardian must sign for members under 18)

I enclose my membership fee of £

Please initial to consent to acceptance of the KRC GDPR privacy statement- copy on the Club website. Your details will not be shared with outside parties, but consent will mean that your details are shared with other members- Name, phone number & email address

Initial _____

Payment by BACS to KRC bank account A/c no 33022976 Sort code 52-30-20

(If paying by BACS please indicate date paid _____ & reference given _____)

Or cheque- Cheques should be made payable to Kingswear Rowing Club and returned with the completed form.

Completed forms for both methods of payment can be sent either to the Hon Secretary at the address above or left for her attention at Kingswear Post Office.

Signed : Date:

Name: Contact Number:

For insurance purposes, the separate Declaration of Health overleaf **MUST** be completed fully and signed by all rowers **PRIOR** to going out on the water

Kingswear Rowing Club - Summary of Safety Code

1. **Club members should be aware of the correct procedures for contacting the emergency services including the Coastguard and should be aware of the nearest telephone and first aid equipment to the mooring.**
2. **The limit of operation of the Club for insurance purposes is the River Dart. No boat may be taken beyond a straight line drawn between Kingswear and Dartmouth Castles unless manned by an experienced crew and cox.**
3. **Crews must never row without a suitably experienced, Rowing Club approved, coxswain.**
4. **In failing light or dangerous conditions, the coxswain will return the boat to its mooring.**
5. **The safe stowage and correct use of safety equipment is the responsibility of all crew members at all times.**
6. **All damage or losses must be immediately reported to the Bosun or Chairman.**
7. **Personal lifejackets must be used by non-swimmers, crew members under 16 and the coxswain if the crew contains one or more members under 16.**
8. **Coxswains must be fully aware of the International Rules for the Prevention of Collision at Sea and have a thorough understanding of any local bylaws, which might apply. Together with the Rowers, the Coxswain is specifically responsible for ensuring all bylaws and club rules are adhered to.**

DECLARATION OF HEALTH

Please delete as applicable

- | | |
|--|----------|
| 1. Are you recovering from serious illness or surgery? | YES / NO |
| 2. Are you currently taking any prescribed medication? | YES / NO |
| 3. Have you ever had a diagnosed heart or high blood pressure condition? | YES / NO |
| 4. Do you suffer from any lung condition such as asthma or bronchitis? | YES / NO |
| 5. Do you have or have you ever had a diagnosed orthopaedic condition, severe back or joint pains? | YES / NO |
| 6. Are there any reasons why you should not take part in rowing or could rowing have a negative effect on your health? | YES / NO |

The Health & Fitness Profile above does not in any way substitute for a medical examination.

If the answer is YES to any of these questions ***you must consult your doctor and seek medical approval before taking part in any rowing activities.***

FORMAL DECLARATION

I declare that to the best of my knowledge, I know of no reason why I should not participate in Rowing and its associated activities. I take part in any Rowing activity entirely at my own risk and waive any right of legal recourse for damages to myself or my property arising from my participation.

Signed:

Date:

Name: Contact Number:

Note; Any change in medical condition or phone numbers please notify the Club immediately.