



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

Junior Membership Application 2020– 21, age under 16 on 1st March 2020

(Parent or legal guardian must sign for members under 16)

Junior Name: Date of Birth / / Sex M / F*

Address:
.....

Postcode: Email:

Home Phone: Mobile Phone:

Name of Parent or Carer

Can you/your child swim 50 meters in light clothing YES/NO*
Note: All juniors must be able to swim 50 meters

Do you/does your child have any special needs that we should know about? YES/NO*

Do you/does your child suffer from any known medical or physical condition that might affect them during physical exercise? YES/NO*

If the answer to either of the above two questions is YES please give details:

.....
.....
.....

Emergency contact in the event of an accident or incident

Name.....

Contact telephone number.....

I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and, having parental responsibility for the above child, I give permission for first aid to be administered or, where considered necessary, treatment by a suitably qualified medical practitioner. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

Signature of Parent/Carer:..... Date:

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.

Note: Any change in medical condition or home or emergency phone numbers should be notified to the Club immediately.

* Please delete as applicable

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 (member):

Signed: Date:
(Parent/Person with parental responsibility)

Name and contact number of person with parental responsibility

Name: Contact Number:

NOTE: For insurance purposes, the Declaration of Health above MUST be completed and signed by all rowers PRIOR to going out on the water.