

## Dartmouth Amateur Rowing Club

### Membership Application and Renewal Form

NAME		Emergency Contact Name and Number – in boxes below
ADDRESS		
POSTCODE		
TEL NO		
MOBILE NO		
E-MAIL ADDRESS		
DATE OF BIRTH		
ROWING STATUS		
SCULLING STATUS		
ARA MEMBERSHIP No		

**PLEASE INDICATE TYPE OF MEMBERSHIP REQUIRED**

Payment either by cash or cheque – cheques to be made payable to D.A.R.C

D.A.R.C Rowing Member	£55	Per Annum	Cash/Chq
D.A.R.C Junior Rowing Member	£30	Per Annum	Cash/Chq
Social Member	£15	Per Annum	Cash/Chq
Temp Social Member	£5	Per Month	Cash/Chq
Coxswains	£15	Per Annum	Cash/Chq
Trial Rowing Member	£10	1 Calendar month	Cash/Chq

**THE CLUB DOES NOT INSURE IT'S MEMBERS FOR PERSONAL INJURY.**

**IF A MEMBER WISHES TO INSURE THEMSELVES, THEN THE CLUB**

**SUGGESTS THAT THE EASIEST METHOD IS BY BECOMING A MEMBER OF**

**THE AMATEUR ROWING ASSOCIATION BY PAYING BELOW AMOUNT**

A.R.A. Senior Member	£44	Per Annum
A.R.A. Junior Member	£19	Per Annum (before 1 <sup>st</sup> April)
A.R.A. Junior Member	£20	Per Annum (after 1 <sup>st</sup> April)

**MEMBERSHIP DECLARATION**

I would like to become a member / renew my membership of the Dartmouth Amateur Rowing Club and if elected to membership, declare that I will row as directed by the Club, will abide by the rules and maintain a good sportsman like spirit amongst other rowers. Please note that renewal of membership falls due in March each year. However, new members who join after the 1<sup>st</sup> January will not be required to renew their membership until March the following year.

Signed.....Date.....

Consent of **Parent** or **Guardian** if applicant is less than 18 years of age. Please can all parent/guardian of members less than 18 years, fill in the questions on the back of this form, **also all juniors MUST sign a code of conduct to run concurrent with membership**

Signed.....Date.....

*Please return this form to the club treasurer along with payment to :  
Mr S Wallis, 184 Britannia Ave, Dartmouth, Devon, TQ6 9LG*

For Junior members only:

Injuries or illnesses:

Is your child currently or has she/he ever suffered from any of the following? Please indicate below. This information is confidential but important to ensure your child's well-being as an athlete:

Asthma: Y/N  
Epilepsy: Y/N  
Diabetes: Y/N  
Bronchitis: Y/N  
Blackouts: Y/N  
Ear Problems: Y/N

Muscular/skeletal injuries: eg back injury Y/N  
Is she/he currently taking any form of medication: Y/N  
Does your child have any special needs: Y/N  
Medication – is there anything we should know: Y/N

If the answer is yes to any of the above please give details below:

Can she/he swim 100m in sports kit? Y/N

Signature of parent/guardian for the above medical information:

Please print name:

Do you give permission for photos of your child to be taken Y/N

Signature of parent/guardian: