

**Dartmouth Amateur Rowing Club**  
**Membership Application and Renewal Form 2010**

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

PLEASE INDICATE TYPE OF MEMBERSHIP REQUIRED (Prices as 1<sup>st</sup>Mar2010)  
 Payment either by cash or cheque – cheques to be made payable to D.A.R.C

D.A.R.C Rowing Member	£60	Per Annum	Cash/Chq
D.A.R.C Junior Rowing Member	£35	Per Annum	Cash/Chq
Social Member	£20	Per Annum	Cash/Chq
Temp Social Member	£5	Per Month	Cash/Chq
Coxswains	£20	Per Annum	Cash/Chq
Trial Rowing Member	£15	For 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**  
**BRITISH ROWING AT [WWW.BRITISHROWING.ORG](http://WWW.BRITISHROWING.ORG) (2010 PRICES BELOW)**

British Rowing Senior	£44	Per Annum
British Rowing Senior Non racing	£22	Per Annum
British Rowing Student (over18)	£27	Per Annum
British Rowing Junior U18	£20	Per Annum
British Rowing U14 (Prior to 1 <sup>st</sup> Jan)	£12	Per Annum (1 <sup>st</sup> Year Member Free)

**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: .....