

Application for Membership

Family Name:..... **First Names:**.....

Address:.....

Telephone: Home..... Work..... Mobile.....

Email address:.....

Date of Birth: / / . **Gender:** M / F.

Membership Category: (Please circle) Rower Coxswain Coach

Name **two** people who can be contacted in case of emergency.

Name _____ Home _____ mobile _____

Name _____ Home _____ mobile _____

Declaration

I acknowledge that rowing is a strenuous activity and while the club wishes to fulfil its Health and Safety responsibilities, provide a safe environment and include rowers of all abilities, I undertake to take responsibility for managing any existing health condition that may be exacerbated by rowing, keep healthy, and will not row if I am unwell or my condition is unstable.

I acknowledge that I have read and understand the Union Rowing Club Safety Plan and that I am aware of the Rules of the River that apply when using plant owned by the Club.

I agree to abide by the rules of the Union Rowing Club and to pay by the due date the annual subscription as set by the URC Committee.

I agree to pay required levies as set by the Canterbury Rowing Association and Rowing New Zealand in order to obtain a competition license to participate in all regattas and events run under NZRA rules, regulations and water safety conditions.

I testify that I am able to swim 50m in light clothing, and can tread water for 5 minutes.

I have completed the URC swim test certificate. YES / NO

Signed:.....

(This form should be signed by a parent or guardian if under 18 yrs old)

Payment by direct debit to Union Rowing Club. Account no. 03-0802-0096251-000

Please make sure you include your name as a reference.