



# Application Junior Membership

Surname \_\_\_\_\_ First Name \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Tel No \_\_\_\_\_  
Home address \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Email address \_\_\_\_\_ Mobile No \_\_\_\_\_

### To be completed by the parent/carer

Please detail below any important medical information that our coaches should be aware of (e.g. asthma, epilepsy, diabetes etc): \_\_\_\_\_

Please supply details below of the people who should be contacted in the event of an emergency:

Parent/carer name \_\_\_\_\_ contact no \_\_\_\_\_

Parent/carer name \_\_\_\_\_ contact no \_\_\_\_\_

I confirm that my son/daughter/child in my care can swim 100 metres clothed YES/NO

I understand that, in the event of an emergency, all reasonable steps will be taken to contact me and to deal with that illness/accident appropriately.

By signing this form, I agree to my son/daughter/child in my care taking part in the activities of Burway Rowing Club.

Name of parent/carer \_\_\_\_\_

Signature of parent/carer \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Email address of parent/carer \_\_\_\_\_

Fees may be paid directly into the Burway RC Account at:  
Nat West Bank: Sorting code 55-50-39 - Account No 04903153

### For Committee use only

Start Date of learn to scull course if taken \_\_\_\_/\_\_\_\_/\_\_\_\_

Completion date of learn to scull \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership start date \_\_\_\_/\_\_\_\_/\_\_\_\_

Learn to scull course fee Amount paid £ \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Balance of subs Amount paid/ to be paid £ \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_