



GUILDFORD ROWING CLUB
ESTABLISHED 1880

The Boat house, Shalford Road, Guildford, Surrey GU1 3XL
Telephone: 01483 565849

Forename:		Surname:	
Address:			
			Postcode:
Email:			
Telephone:		Mobile:	
Date of birth:		Occupation:	
British Rowing (ARA) Membership Number:			
Rowing Status:		Points:	
Sculling Status:		Points:	
I wish to apply for membership of the Guildford Rowing Club as:			
Senior Member (over 18) <input type="checkbox"/> Junior Member (under 18) <input type="checkbox"/> Adaptive Member <input type="checkbox"/>			
Social only Member <input type="checkbox"/> Cox only member <input type="checkbox"/> Coach Only Member <input type="checkbox"/>			
Student Member in full time education <input type="checkbox"/> at _____			
I confirm that I undertake to abide by the CLUB CONSTITUTION & BYE-LAWS and adhere to the CLUB SAFTY at all times. I do not object to this information being held on a database for the internal Club use. I understand that rowing is undertaken at my own risk and can confirm that I do not suffer from any disability or medical condition which may render me unfit for strenuous exercises.* I also confirm I am able to swim a minimum of 100 meters (ROSPA recommended standard). *Should a medical condition exist, this will not necessarily preclude you from membership/participation, but it must be declared. Should you be in any doubt, advice should be sought from your family doctor.			
Date:		Signature: _____	
Parent/guardian if applicant is under 18: _____			
Paid:		Next of kin Name(s) and Number:	

