

Junior Membership

Application Form

2025

| | | 5 Membership: £44.00 per annum onthly sum; Join in April = 9 x monthly sum etc | | |
|--|--|--|--|--|
| Junior Name | | , | | |
| Address (inc Postcode) | | | | |
| DOB: | | School Year: | | |
| Weight (for Lifejackets) | Under / Over | 40 Kg (please circle) | | |
| | | | | |
| Parent / Guardian Name | | | | |
| Address (if different from above inc Postcode) | | | | |
| E-Mail: | | | | |
| Telephone: | Home: | Mobile: | | |
| Additional person to contact in an emergency | Name: | Relationship to Junior Rower: | | |
| Telephone | Home: | Mobile: | | |
| must be taken especi Charlestown harbour and many | ally around the harbour walls, edo locations of Regattas and Events | arlestown is a working port so care ges, boats, fishing gear etc. are not secure areas and it is parent's are not in the boats during rowing, | | |
| Declaration: Junior Rower: I wish to apply for Membership of Charlestown Rowing Club. I have read and understood the CHARLESTOWN ROWING CLUB POLICIES, SAFETY CODES, CODE OF CONDUCT and HANDBOOK and the BRITISH ROWING 'ROWSAFE' HEALTH & SAFETY DIRECTORY and I agree to abide by the Charlestown Rowing Club, CPGA and British Rowing rules. I agree to wear a Lifejacket at all times when on the water. | | | | |
| | | | | |
| Signed | (Junior Rower) | Date | | |

Please return the completed and signed form, with the correct membership fee to:
Penny Hermes Junior Rowing Captain or Jen Nicholls Membership Secretary
c/o Charlestown Rowing Club Boat Shed Quay Road Charlestown PL25 3NX
(Cheques payable to Charlestown Rowing Club)

NOTES AND DECLARATIONS

- 1. **HEALTH** Rowing is strenuous exercise sometimes undertaken in locations remote from immediate health care, and if you have any concerns (and particularly if your child has any of the conditions listed below) you **MUST** check with your GP before they participate in rowing or start becoming more physically active. Charlestown Rowing Club do not seek to record personal health data and will rely upon your declaration of their fitness to row and participate in other Club activities. Applicants for Membership or renewal of Membership should refer to British Rowing 'Rowsafe' (and specifically Section 8, Health) for further information on health and rowing and guidance relating to illness and conditions including, but not limited to, the following;
 - Cardiac Disease (including hypertension)
 - Joint Injury or Illness
 - Epilepsy
 - Asthma
 - Diabetes
- 2. **SWIMMING ABILITY All** Junior Rowers must wear a Lifejacket at all times when on the water. British Rowing 'Rowsafe' also indicates that ideally, all rowers should also be able to swim
- 3. DATA PROTECTION General Data Protection Regulations require Charlestown Rowing Club to seek your consent to keep in contact with you in the future. Charlestown Rowing Club will never sell your personal data or pass it on to other organisations except the Cornish Pilot Gig Association and British Rowing. We promise to keep your data safe and secure. Please "opt in" by ticking the 'yes' box below before returning this form. If you ever wish to change your mind you can update your preferences by contacting the Membership Secretary.
- **4. PHOTOGRAPHY & VIDEOS –** Rowing Club activities and race meetings are periodically photographed or videoed and these images may be published on the clubs website, social media or used as a training aid.

DECLARATIONS - Parent / Guardian

- I support my child's application for Membership of Charlestown Rowing Club. I have read and
 understood the club POLICIES; SAFETY CODES; HANDBOOK; CODE OF CONDUCT and BRITISH
 ROWING 'ROWSAFE' HEALTH & SAFETY DIRECTORY available via the clubs website:
 www.charlestownrowingclub.org
- I declare that my child has no physical, mental or behavioural conditions, illnesses or injuries, including those listed above, which, when engaged in rowing or other club activities, may affect his/her personal health, safety and welfare or the health, safety and welfare of the Coxswains and other crew members.
- . I confirm that I give Permission for: -
- My child to be **transported** to and from any rowing related events, such as Regattas and training.
- Photographs and video images including my child engaged in club rowing or activities or at events to be
 used for the purposes of promoting the club, events and membership packages or published on the club
 website or social media or used as a training aid. (see CRC Privacy Notes)
- In the event of an **emergency** for a club member to give first aid treatment to my child, and/or for medical assistance to be called for my child: and I also give permission for my child to be taken to hospital or a medical treatment facility and treated in my absence if it is considered necessary.

| If you have concerns about any of the above please discuss this with the Membership/Junior Secretary | | | |
|--|--|----|--|
| I certify that my child is able to Swim at least 100 metres in the sea in light clothing (rowing kit). | | NO | |
| I am happy for Charlestown Rowing Club to contact me by email post and by phone and, in the case of an emergency, use the emergency contact number | | NO | |
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| Signed(Parent / Guardian) Date | ate |
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