



# Cromarty Community Rowing Club (CCRC)

## Family Membership Form 2018

PLEASE LIST ALL FAMILY MEMBERS:

Name	M /F	Age (Decades Optional!)	Email	Address	Phone

Rowing is a strenuous activity, check with your medics if you feel you need to. If you have any medical conditions that may require emergency treatment that you feel you want us to know about you can do this here (this is optional) it will be kept in accordance with data protection regulations. (Asthma, allergy requiring medication etc) Alternatively you can inform your cox in private.

Can you swim 50 metres?

Do you agree to abide by club rules and keep you and your fellow rowers' safety paramount at all times?

Are you interested in competitive rowing?

- I, on behalf of my family, consent to any of us receiving medication as required and any emergency medical, dental or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date : \_\_\_\_\_

*Membership runs from 1st Jan to 31st December*

Return forms to Lindy Cameron Laurel House Cromarty

**Annual cost: Family 35 Individual 20**

ACCOUNT NAME/CHEQUES TO: CROMARTY COMMUNITY ROWING CLUB

If paying on line please add reference: **membership**

Account number 40081892 Sort Code 40-22-66