

SCARBOROUGH AMATEUR ROWING CLUB

29 Foreshore Road Scarborough Tel. 361857

e-mail jeremydevans@yahoo.co.uk

APPLICATION for MEMBERSHIP

I wish to apply for membership of the Scarborough Amateur Rowing Club as a :-

Full / Junior / U/18 / Social * delete as required

Name _____

Address _____ Tel. _____

_____ Post Code _____

Signed _____ Date _____

Proposed By _____
Name (print) Signature

Seconded By _____
Name (print) Signature

Declaration Each member upon joining shall sign the following declaration

Upon acceptance into membership of the **Scarborough Amateur Rowing Club**,

I understand that rowing is undertaken at my own risk. I also confirm that I do not suffer from any disability or medical condition that may render me unfit for strenuous exercise.*

I have also been made aware of the club constitution and my responsibility as a member to ensure safe practices are maintained at all times

N.B. Owing to the nature of rowing it is expected that you are able to swim 100 metres.

Prospective members may be asked to appear before the committee before being accepted.

Signed.....(Applicant or Parent / Guardian if under 18)

Date of birth.....

* Should a medical condition exist this will not necessarily preclude you from membership / participation but must be declared. Should you be in doubt advise should be sought from your family doctor.

Subscription year is 1st January to 31st December

Admitted to membership on..... Member no.