



MEMBERSHIP APPLICATION FORM

Type of Membership : tick as appropriate

Junior:	Annual membership fee	£180	_____	(complete sections A – D)
Senior:	Annual membership fee	£300	_____	(complete sections A – D)
Family:	Annual membership fee	£360	_____	(complete sections A – D)
Associate:	Annual membership fee	£25	_____	(complete section E)

General Data Protection Regulations 2018:

Requires that anyone handling personal data must follow certain principles in relation to the data that they hold. Individuals have rights of access to data that is held. This applies to all records.

In implementing this legislation, Bann Rowing Club adopts a simple and straightforward policy.

As part of the Application process you will receive a copy of The Club's Privacy Notice which details what information we will hold and how it will be used.

As a Parent/Guardian, Adult, Associate or Life Member, on signing the Application Form you are confirming that you have received a copy of the Privacy Notice

Section A Applicant Details

Full Name: _____

Address: _____

Date of Birth : _____

School/College: _____

Mobile No: _____

Have you been a member of another Rowing Club/School: Yes/No (delete as appropriate)

If you have answered Yes, please give name of club/school and your registration number:

Section B: Emergency Contact Details

(If applicant is under 18 at least one of the contacts given should be their parent/guardian)

Name of 1st Contact: _____

Relationship to Applicant: _____

Telephone No: _____ Mobile No: _____

Email: _____

Name of 2nd Contact: _____

Relationship to Applicant: _____

Telephone No: _____ Mobile No: _____

Email: _____

Section C: Relevant Medical Information

Any known allergies: _____

Any medical conditions: _____

Any medication being taken: _____

Any other special needs or requirements that would be useful for coaches to know about:

We require you to inform us of any important changes to your child's health, medication or needs and also of any changes to their address or contact details.

In the event of illness, having parental responsibility for the above named child, I hereby give permission for medical treatment to be administered where considered necessary by a nominated First Aider or by a suitably qualified medical practitioner. If I cannot be contacted and my child should require emergency hospital treatment I authorise a qualified medical practitioner to provide emergency treatment or medication.

Print Name _____ (parent/guardian)

Signature _____ Date _____

Section D: Permissions

Throughout the year there are occasions when successes, achievements and other activities involving members of Bann Rowing Club are recognised by the use of photographs. These are subsequently displayed in the clubhouse, in local newspapers, on social media and on the Bann Rowing Club website.

In accordance with our Child Protection policy it is necessary to inform you of this practice. The use of photographs by Bann Rowing Club is intended to acknowledge team and individual achievement and contribute to a positive club ethos. However, respectful of the right to privacy, we wish to make

you aware that the consent of parents and of young people who have reached the age of sixteen is required for the use of such photographs.

It is very important that you inform us in writing if you, or your son/daughter have any objections to this. In accordance with Bann Rowing Clubs Child Protection Policy please find below a consent form regarding the use and display of photographs.

Complete the appropriate section

Parent/Guardian: I give/do not give permission to Bann Rowing Club to use my sons/daughters photograph for the purposes as detailed above.

Print Name _____ (parent/guardian)

Signature _____ Date _____

Junior Member (aged 16 or above): I give/do not give permission to Bann Rowing Club to use my photograph for the purposes as detailed above.

Print Name _____

Signature _____ Date _____

To be completed by the Parent/Guardian of all junior applicants:

I give permission for _____ to participate in rowing activities/regattas and confirm that he/she can swim 100m in light clothes.

Print Name _____ (parent/guardian)

Signature _____ Date _____

Section E : Associate Members only

This membership category does not carry any voting rights. It is geared towards past members, family and friends who have an interest in the Club although anyone is welcome to apply.

Applicant Details:

Full Name: _____

Address: _____

Mobile No: _____

Email: _____

If you have been involved with Bann Rowing Club in the past please give details:

Section F: Payment Details

All membership application forms should be completed and posted to K Bones, 12 Lismurphy Avenue, Coleraine, BT51 3QN or emailed to bannrc@outlook.com

Payment can be made as follows:

- Cheque: Make payable to Bann Rowing Club and post to K Bones, Hon Treasurer, 12 Lismurphy Avenue, Coleraine, BT51 3QN.
- Standing Order: Print the standing order instruction from our website, complete and post to your bank.
- Online banking: Our bank details are sort code 950277, account no 31244140.