## Barnstaple Pilot Gig Club Membership Application Form - 2017/18 Season

Membership Type:- Please circle membership required (All fees paid are non refundable with renewal due on 1st March each year)

Rowing Member - £55 Family - £90 (Up to 2 Adults, 1/2 Children ONLY) Junior (11-15) - £15 Social (non rowing) - £10

ATTENTION - Membership Fees are reduced to half price after September of each membership year.

Section A - Personal and Contact details				
Name:	E-Mail Address:			
Address:				
Telephone:	Mobile:			
DOB:				
Emergency Contact name/no:				
	members who wish to row under family membership;			
	hip open to 2 adults and 1/2 children in the same household			
Name: Mobile:	E-Mail Address:			
	DOB:			
Emergency Contact name/no:				
Name:	E-Mail Address:			
Mobile:	DOB:			
Emergency Contact name/no:				
, ,				
Name:	E-Mail Address:			
Mobile:	DOB:			
Emergency Contact name/no:				
Section B – Rowing Safety Questionnaire  Rowing is a physically demanding sport and you are advised to consult with your Doctor to ensure that you are sufficiently fit to participate.  Are all members listed above able to swim 50m unaided? Yes [] No [] If no specify member name				
Section C – Membership Declaration. Please sign and return the form to the club secretary or membership secretary.  NB: For Junior Rowers (Under 16's) please also complete Section F of this form, with a parent/guardian to sign and print this declaration below.  I have completed the personal details section, rowing safety questionnaire and consent for junior rowers (if relevant) and I				
declare that the information in this application is correct to the best of my knowledge and belief.  I confirm that I have read, understood and agree to abide by: (please tick to confirm)				
These are available for examination on the club website <u>www.barnstaplepilotgigclub.co.uk</u> or by request from club secretary.				
	Charge (MADE RAYABLE TO BARNSTARIE BU OT GIG CLUB)			
l enclose in Cash in Cash	Cheque (MADE PAYABLE TO BARNSTAPLE PILOT GIG CLUB)			
OR Standing Order (Bank Transfer) Account No:- 33962970 Sort Code:- 20 04 59 (USE NAME & INITIAL AS REFERENCE)				
The Data Protection Act 1984 - In accordance with the Data Protection Act 1984 the Barnstaple Pilot Gig Club notifies you that the above details will be kept on computer records. By applying to become a member you confirm that you have no objection. In accordance with the Act you will be asked to verify the details at least every three years.				

Please return form and payment to: BPGC Membership Secretary, Kelly Baker, Flat 6 Pill House, Bishops Tawton, Barnstaple, EX32 9EF

## Section D - Volunteering

Black (please specify)

The club is run on a volunteer basis by those willing to give up some of their free time to promote the club and sport in general. Please indicate if you would be willing to help with any of the following activities: (Please circle)

Fundraising Towing the Gig Trailer
Social Events Transporting club members

Assisting the committee Coxing

Coaching Inclusion in 100 Club (£2 per Number - Drawn Monthly)

Note: All members will be expected to assist with gig and equipment maintenance in the winter. If you wish to Coach or Cox you agree to read and adhere to the CPGA Child Protection Policy and apply for a basic CRB check which the club will pay for.

## Sections E - Further Personal Details. Please complete to enable the club to monitor its equal opportunities policy

Note: Barnstaple Pilot Gig Club aims to be an inclusive community club, which operates in accordance with our equality policy which can be found in the general club rules. In almost all cases grant funding for community clubs is now dependent on the club demonstrating an effective equal opportunities policy and effective monitoring procedure. The information you provide on this form will be used by the Barnstaple Pilot Gig Club to monitor its Equality policy. It may also be disclosed to any funding organisation that requires it as evidence of our commitment to and/or recognition of equal opportunities and anti-discriminatory practice. By returning this form you are consenting to the group/organisation using the information, which you have supplied in the manner stated above. If you would like to obtain more information, the person with principal responsibility for data protection is the Welfare officer

would like to obta	in more information, th	e person with	principal	responsibility for date	a protection	is the Welfa	are officer	opnea m ene man	ner statea azorer ij you
Member Nam	e:					Sex:		Female	Male
Age:	Under 16	16-21		21-40	40-55		55+		
	er yourself to have I impairment which has			Yes term adverse effect o	No on their abilit				efines disability as "a ities".
If yes are there any reasonable adjustments the club can make to help your participation or do you have any special requirements? If so please specify;									
	your Ethnic Origin	(circle)							
_	e British		White			European			
Black	(please specify)		Asian (p	please specify)	Other (	Please Sp	ecify)		
Member Nam	e:					Sex:		Female	Male
Age:	Under 16	16-21		21-40	40-55	55+			
Do you consider yourself to have a disability? Yes No Disability Discrimination Act 1995 defines disability as "a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities".									
If yes are there any reasonable adjustments the club can make to help your participation or do you have any special requirements? If so please specify;									
	your Ethnic Origin e British	(circle)	White	Irish	White I	European	(please	specify)	
Black	(please specify)		Asian (p	olease specify)	Other (	Please Sp	ecify)		
Member Nam	e:					Sex:		Female	Male
Age:	Under 16	16-21		21-40	40-55		55+		
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Please specify your Ethnic Origin (circle)									
			White		White European (please specify)				
Black	(please specify)		Asian (p	please specify)	Other (	Please Sp	ecify)		
Member Nam	e:					Sex:		Female	Male
Age:	Under 16	16-21		21-40	40-55		55+		
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If yes are there any reasonable adjustments the club can make to help your participation or do you have any special requirements? If so please specify;									
	your Ethnic Origin e British	(circle)	White	Irish	White	European	(please	specify)	

Asian (please specify)

Other (Please Specify).....

Section F – Junior Rowers Consent - A parent or guardian must sign and complete this section								
By applying for Family or 11-16's Junior membership I understand that:								
• I am giving my consent for to participate in club rowing and social activities.								
• I agree to my child travelling by public transport or in a motor vehicle driven by members of the Barnstaple Pilot Gig Club.								
• I agree in conjunction with other parents of U16 members to ensure adequate supervision of my child during regattas and overnight stays. (The club cannot be held responsible for any accidents/incidents involving my child once he/she has rowed and they have left the Gig).								
• I agree to my child appearing in photogra	• I agree to my child appearing in photographs used only to promote the club.							
• I agree to the club taking/using video footage and photo's of rowing technique as a training aid								
• I consent to medical treatment being given if found to be necessary by a qualified person.								
• I have disclosed any relevant medical conditions in section B of the membership form.								
My Childs GP Surgery is -								
My Childs Doctors name -								
• My child and I understand that the instructions of club officials must be followed at all times and agree to any decisions they may make.								
• I have read and understood the above information and confirm that my child has been instructed to follow instructions given by club officials.								
<ul> <li>Additional emergency contact information;</li> <li>Name: Relationship:</li> <li>Address:</li> </ul>								
Email:	Telephone/Mobile:							
I confirm that my child and I have read and understood the parent/guardian consent on this form and declare that I give my consent for the children named above to participate in club rowing and social activities.								
Rower								
Signed:	Name in Capitals:	Date:						
Parent /Guardian								
Signed:	Name in Capitals:	Date:						