



Barnstaple Pilot Gig Club CIO Membership Application Form - 2021/22 Season



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

Adult Rower - £75 ☐ **Student (16-18) - £30** ☐ **Junior (11-15) - £25** ☐ **Social (non rowing) - £25** ☐

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

Section A - Personal and Contact details

Name: _____ DOB: _____

E-Mail Address: _____

Address: _____

Telephone: _____ Mobile: _____

Emergency Contact Name: _____

Emergency Contact Tel number: _____

Section B - Membership Declaration

NB: For Junior Rowers (Under 16's) please also complete Section G 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 www.barnstaplepilottgigclub.co.uk or by request from club secretary

BPGC Club Rules ☐ **BPGC Club Constitution** ☐ **BPGC Safeguarding Policy** ☐ **BPGC Risk Assessment** ☐

Signed: _____ **Date:** _____

Name in Capitals: _____

I enclose _____ in Cash ☐ Cheque (**MADE PAYABLE TO BARNSTAPLE PILOT GIG CLUB CIO**) ☐

OR Bank Transfer - Account No:- 14007048 Sort Code:- 09-01-29 (**USE NAME & INITIAL AS REFERENCE**) ☐

Section C - Gift Aid - Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the Barnstaple Pilot Gig Club CIO from the tax you pay for the current tax year.



In order to Gift Aid your donation you must tick this box ☐

I want to Gift Aid my membership of £ and any other donations I make in the future or have made in the past 4 years to:

Name of Charity: **Barnstaple Pilot Gig Club CIO**

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Please notify Barnstaple Pilot Gig Club CIO if you:

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

For the purposes of the Data Protection Legislation of the United Kingdom (including the Applied GDPR), Barnstaple Pilot Gig Club CIO 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 Legislation you will be asked to verify the details at least every three years

Please return form and any payment to: BPGC Membership Secretary, Jan Hunter, 4 Park Lane, Newport, Barnstaple, EX32 9AJ

Section D – Safeguarding

As we have Junior members in our club could you let us know if you have had any convictions, cautions, court orders, reprimands, warnings or enquiries undertaken following allegations made against you that may affect your suitability to be with children.

Yes ☐ No ☐ (please tick as appropriate) IF YES, PLEASE GIVE DETAILS OF DATES, OFFENCES & PENALTIES BELOW;

Section E - 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 you able to swim 50m unaided? Yes ☐ No ☐

Have you suffered from any medical condition or had a period of time in hospital in the last 3 years? Yes ☐ No ☐

OR Are you affected by any ongoing medical conditions? Yes ☐ No ☐

e.g. Asthma, Diabetes, Allergies, Blood Pressure, Heart/Respiratory Issues, Joint/Muscle/Bone Diseases, Fainting/Migraines/Loss of Balance etc.

IF YES TO EITHER OF THE ABOVE QUESTIONS, PLEASE GIVE DETAILS BELOW;

Condition: _____

Treatment: _____

Note: All details will remain confidential to the club committee and will only be released to authorised first aid trained members and club coxswains. Should you suffer from a medical condition that affects your safety at any future time you should advise the club Safety Officer.

Section E - Volunteering

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 tick)

- | | | |
|---|---|---|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Towing Gig Trailer to Events | <input type="checkbox"/> Coaching |
| <input type="checkbox"/> Social Events | <input type="checkbox"/> Transporting Club Members | <input type="checkbox"/> Rowing Competitively |
| <input type="checkbox"/> Assisting the Committee | <input type="checkbox"/> Coxing | |
| <input type="checkbox"/> Inclusion in the 100 Club Draw (£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 DBS check which the club will pay for.

Section F - Further Personal Details. Please complete to enable the club to monitor its equal opportunities policy

Note: Barnstaple Pilot Gig Club CIO 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 dependant 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 CIO 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

Member Name: _____ Sex: (please tick) Female ☐ Male ☐

Age: (please tick) Under 16 ☐ 16-21 ☐ 21-40 ☐ 40-60 ☐ 60+ ☐

Do you consider yourself to have a disability? (please tick) 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; _____

Ethnic Origin: (please tick)

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> White Irish | <input type="checkbox"/> White European (please specify) _____ |
| <input type="checkbox"/> Mixed /Multiple ethnic groups (please specify) _____ | | |
| <input type="checkbox"/> Black / African / Caribbean / Black British (please specify) _____ | | |
| <input type="checkbox"/> Asian / Asian British (please specify) _____ <input type="checkbox"/> Other Ethnic Origin (please specify) _____ | | |

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Section G - Junior Rowers Consent Form - A PARENT OR GUARDIAN MUST SIGN AND COMPLETE THIS SECTION

By applying for 11-15'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 CIO.
- 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).
- My child may appear in photographs and videos used only to promote the club. Agree ☐ Disagree ☐
- My child may appear in video footage and photos of rowing technique, to use as a training aid. Agree ☐ Disagree ☐
- I consent to medical treatment being given if found to be necessary by a qualified person. Yes ☐ No ☐
- I have disclosed all relevant medical conditions in **SECTION B** of the membership form. Yes ☐

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.
- Additional emergency contact information;

Name: _____

Relationship to Rower: _____

Address: _____

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.

Junior Rower

Signed: _____

Date: _____

Name in Capitals: _____

Parent /Guardian

Signed: _____

Date: _____

Name in Capitals: _____