**MEMBERSHIP 2016/17**

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| **Parent / Carer Details 1** | | **Parent / Carer 2 (if required)** | | |
| First Name | Surname | First Name | Surname | |
| Address | | Address | | |
| Town | | Town | | |
| Post Code | | Post Code | | |
| Tel (Inc STD) | | Tel (Inc STD) | | |
| Mobile (Emergency Number)\* | | Mobile (Emergency Number)\* | | |
| Email | | Email | | |
| **Rower’s Details (Child 1)** | | | | |
| First Name | | Surname | | |
| Date of Birth | | Male | | Female |
| School Form | | Rower’s Mobile Number | | |
| British Rowing Number | | Rower’s Email Address | | |
| **Medical Conditions / Allergies** | | | | |
| Asthma, Epilepsy, Penicillin, nuts etc Please give full details attaching a separate sheet if required.  Completion is strongly recommended, in the interests of child safety.  **Rower Cox Only** | | | | |
| **Rower’s Details (Child 2)** | | | | |
| First Name | | Surname | | |
| Date of Birth | | Male | | Female |
| School Form | | Rower’s Mobile Number | | |
| British Rowing Number | | Rower’s Email Address | | |
| **Medical Conditions / Allergies** | | | | |
| Asthma, Epilepsy, Penicillin, nuts etc Please give full details attaching a separate sheet if required.  Completion is strongly recommended, in the interests of child safety.  **Rower Cox Only** | | | | |

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| **Rower’s Details (Child 3)** | | | | |
| First Name | | Surname | | |
| Date of Birth | | Male | | Female |
| Form | | Rower’s Mobile Number | | |
| British Rowing Number | | Rower’s Email Address | | |
| **Medical Conditions / Allergies** | | | | |
| Asthma, Epilepsy, Penicillin, nuts etc Please give full details attaching a separate sheet if required.  Completion is strongly recommended, in the interests of child safety.  **Rower Cox Only** | | | | |
| **Rower’s Details (Child 4)** | | | | |
| First Name | | Surname | | |
| Date of Birth | | Male | | Female |
| Form | | Rower’s Mobile Number | | |
| British Rowing Number | | Rower’s Email Address | | |
| **Medical Conditions / Allergies** | | | | |
| Asthma, Epilepsy, Penicillin, nuts etc Please give full details attaching a separate sheet if required.  Completion is strongly recommended, in the interests of child safety  **Rower Cox Only** | | | | |
| **Data Protection**  Great Marlow Swans Supporters Club fully adheres to and abides by the Data Protection Act 1998. Members are assured that their details are held securely on a database and used only for administration of the club for the benefit of the members (e.g. distributing information). Membership information will not be disclosed to third parties without member’s permission. Rower’s mobile numbers or email will only be used by the coaching or admin staff of Great Marlow School Boat Club. | | | | |
| **Application:** I hereby applyto become a member of Great Marlow Swans Supporters Club. I agree to make a donation and to abide by the rules of the Club. Great Marlow Swans Supporters Club/Great Marlow School Boat Club/Great Marlow School are not liable for any personal possessions that the rowers bring to training sessions, Indoor Championships, Heads or Regattas.  I/We give/do not give permission for Great Marlow School Boat Club coaches to administer medical treatment.  I/We give/do not give permission for the use of my child’s photograph for use in promoting Great Marlow Swans  **Signed** | | | | |
| **Payment : Cash/Cheque made payable to Great Marlow Swans** | **Online acc details: Great Marlow Swans**  **NatWest 53096649 Sort code: 60-14-12** | | **Please put fees & your child’s name as ref** | |
| **Annual Donation Cox Only £50** |  | | **Standing Order** | |