

**KILLORGLIN ROWING CLUB MEMBERSHIP FORM**  
 Please return to Monika Dukarska Membership Secretary,  
 30 Ardmoniel Heights, Killorglin, Co.Kerry  
 T. 087- 0611824 E. [monisia06@op.pl](mailto:monisia06@op.pl)

PLEASE  
ATTACH TWO  
PHOTOS  
HERE

All prospective members of Killorglin Rowing Club are required to complete this registration form and return it with payment prior to selection for the rowing season. All details will be kept in a secure database with access restricted to authorised club officers only.

**SECTION 1: MEMBER CONTACT INFORMATION (USE CAPITAL LETTERS)**

<b>TITLE</b>	Mr/Mrs/Miss/Ms (Please circle)		
<b>FULL NAME</b>			
<b>ADDRESS 1</b>		<b>*DATE OF BIRTH</b>	
<b>ADDRESS 2</b>		<b>HOME PHONE</b>	
<b>TOWN</b>		<b>MOBILE PHONE</b>	
<b>COUNTY</b>		<b>EMAIL</b>	
<b>ARE YOU ABLE TO SWIM?</b>	Yes*/ No	(Please Circle) *=-competent swimmer	<b>SWIMMING CERT. ATTACHED?</b> Yes/ No (Please Circle)

\*Please attach a COPY of Birth Certificate.

**2011  
MEMBERSHIP**

**INTRODUCTION  
TO ROWING  
CONSIST OF 2  
WEEKS  
TRAILLING  
PERIOD WITH €40  
PAID UP FRONT.**

**THIS AMOUNT  
WILL BE  
DEDUCTED FROM  
THE OVERALL  
MEMBERSHIP FEE  
WHICH WILL BE  
DUE AFTER THE  
INITIAL 2 WEEKS.**

**SECTION 2: MEMBER INFORMATION**

(Information in this section is optional and will be used for club development purposes only)

STUDENTS – What school/college or university do you attend?
NON-STUDENTS – What is your occupation?
Would you be interested in learning to coach and or umpire? (Please state)
Would you be interested in being a team manager or club officer? (Please state)
What skills do you have that could help develop the club? (e.g. web design, accounting, printing, planning, sponsorship, etc)

**SECTION 3: MEDICAL INFORMATION & CONSENT**

(To be completed by PARENT or GUARDIAN if under 18)

In case of emergency and as part of the club's responsibility to its membership, ALL club members are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorised club officers only.

<b>NEXT OF KIN</b>		<b>RELATIONSHIP</b>		<b>MOBILE PHONE</b>	
<b>DOCTORS NAME</b>		<b>SURGERY</b>		<b>PHONE</b>	
As far as you are aware, are you allergic to any drugs? (Please state)					
Are you taking any regular medication? If so, for what reason?					
Do you have any long term illnesses or injuries?					
Declaration: I consider myself (my son/daughter)* to be physically fit and capable of full participation and agree to notify the club of any changes to the medical information provided. Furthermore, in the event that I am injured I give my permission (for my son/daughter)* for the team managers/coaches appointed by ANOTHER HC to obtain emergency medical treatment on my behalf.					
<b>SIGNED</b>		<b>DATE</b>		<b>(RELATIONSHIP)</b>	

PLEASE TURN OVER;

**SECTION 4: UNDER 18 MEMBER CONSENT (\*\*TO BE COMPLETED BY PARENT/GUARDIAN\*\*)**

It is a requirement of club policy that parental consent is provided for participation, transportation and photography. The members Code of Conduct and Safeguarding and Protecting Young People in Rowing are available in the club Code of Ethics Rule Book.

Please delete as appropriate where indicated by a \* then sign and date at the bottom.

**TRANSPORTATION:** I consent to my son/daughter\* travelling to venues for regattas and training by transport provided by the club which may include travelling in other players private cars.

**PHOTOGRAPHY:** In some environments, particularly adult competition it is impossible to control photography by external parties, however, I am aware that there maybe times that photographs and/or footage maybe taken during regattas and training sessions by approved agents and/or officers of rowing Club. Such images shall only be used for publicity/training purposes in accordance with Killorglin Rowing Club Code of Ethics and give consent for my son/ daughter to feature in such photos/ images. I hereby only grant approved agents the right to use the images resulting from the photo/film shoots. This includes any reproductions or adaptations of the images for all general purposes i.e. local newspapers, local magazines, other promotional articles (inc. flyers) and the club's website.

<b>SIGNED</b>		<b>DATE</b>		<b>RELATIONSHIP</b>	
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To ensure that we have the correct contact details for you, please complete the information requested below and return the form to Monika Dukarska. This information will be used to keep you informed about Club events and to contact you in the event of an accident or incident. Some of the information is required to comply with the Code of Ethics, which has been adopted by the Club.

**NAME:**

**E-MAIL ADDRESS:**

**MOBILE NUMBER:**

I wish to join the Killorglin Rowing Club and agree to pay required membership. In joining I agree to abide by the Club Rules and guidelines in the Code of Ethics and Good Practice for sport for young people. I understand and acknowledge that participation in rowing might result in personal injury. I fully understand the risk and hereby agree to participate voluntarily and at my own risk. The rules and regulations of the Killorglin Rowing Club (KRC) are designed for safety and protection of the participants and I hereby agree to abide by them.

In consideration of my acceptance and participation in the KRC programs, I agree that KRC, its officers, coaches, volunteers, members and management committee shall not be liable for any injuries sustained by me or in any way resulting from by participation.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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For office use only

**Date Approved:**

**Declined by Committee and reason:**

**Membership Paid:**  Yes / No

**Amount :**

**Secretary Signature:**