



INTRODUCTORY PROGRAMME

Welcome to the Swan River Rowing Club introductory program.

Before you go out on the water, we need some information so that we can all make the most of our time together.

Name _____ Date of birth _____

Address _____

Phone (h) _____ (m) _____

Email address _____

If under 18-----

School _____

Parents/Guardians names _____

Parents/Guardians email addresses _____

Parents/Guardians phone numbers _____

What, if any, is your previous rowing experience? _____

Can you swim 50m fully clothed and what is your swimming level (poor, ok or good)? _____

Do you have any medical problems (including allergies, epilepsy, seizures, fainting, etc) that may affect your safety on the water & if so does your doctor approve of you rowing? Provide details: _____

I understand that after the completion of this 4 week trial, I can nominate for membership to the club and that membership fees are due annually. I hereby declare that the foregoing is true at the time of application. I acknowledge that I undertake all activities in connection with the club at my own risk. I agree to indemnify and hold harmless the club, its officers and members in the event of accident, illness or injury being suffered by me whilst engaged in club activities. I agree to my photograph being used in SRRC promotional material.

Sign _____ Date _____ Paid \$50/\$100 for first month _____