



BRRC Membership Application Form

Version 2.3, 28/02/26

This form is to be completed by all new members of Black Rocks Rowing Club (BRRC), including individuals who are joining as part of a single household. Once completed it will contain Personal Information, and will be handled in accordance with the Black Rocks Rowing Club Data Privacy Policy. A hard copy may be submitted directly to the Membership Secretary, or it can be scanned and e-mailed to brrowing.membership@gmail.com

You will be considered a member of Black Rocks Rowing Club upon submission of this form AND payment of the appropriate subscription fee as detailed on the club website (www.burntislandrowing.org.uk). The Membership Secretary will provide payment details following receipt of this form.

You will not normally be required to re-submit this form when renewing your membership; however you must notify the Membership Secretary if any of your details change.

Part A: Contact Details

We will use the information in this section for the purposes of managing your membership of BRRC and keeping in touch with you.

Name:

Please indicate whether you are applying for a single membership or as part of a household:

- single membership
- part of a household membership (one form per person)

Address:
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.....
.....

Postcode:

Phone Number: (preferably mobile)

E-Mail:

Part B: Personal Info

Race categories are typically based on age group and gender, so this information is required to ensure that you are eligible to compete in any races in which you may be entered. Under the terms of the 2020 Rules of Racing, "the gender of a rower is the gender in which they live within their community".

Date of Birth: /..... /..... (must be aged 18+)

Gender: male female

Personal Information
(When Complete)

Part C: Emergency Contact Details

In the event that you are unable to do so yourself, we will endeavour to contact the person(s) whose details are given below if you are involved in an accident or suffer a medical emergency. Please provide at least one emergency contact.

Name: Name:
Relationship: Relationship:
Phone Number: Phone Number:

I have permission from the person(s) above to list them as my emergency contact and provide their details.

Part D: Medical Conditions

The club's Health & Safety Officer requires this information to ensure that risk assessments are complete and adequate, and that club safety processes are sufficiently robust to safeguard all members.

Please declare below any disabilities or medical conditions that you think are relevant to your participation in BRRC activities. This will not preclude you from membership and/or participation but must be declared. Should you be in any doubt, advice should be sought from your doctor.

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Details provided here will NOT be shared with the wider club membership, so it is important that you also notify the cox and/or person in charge of any relevant medical conditions prior to participation in a club activity.

Part E: Declaration

Please indicate your agreement to the following declarations by completing the signature.

I wish to become a member of Black Rocks Rowing Club, and undertake to abide by the Rules and Constitution of the club. I am agreeable to having my personal data stored and used in accordance with the club's Data Privacy Policy.

Signature:

Name:

Date: /..... /.....

BRRC uses WhatsApp to allow members to keep in touch with each other and help organise crews. By adding you to club groups, your mobile number becomes visible to other members. If you agree to this, please tick below.

please add me to the WhatsApp Group