



**PCBC Membership Form**

**Personal Information**

Name: \_\_\_\_\_ Gender: m / f  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
D.O.B: \_\_\_\_\_

**Safety information**

**Swimming:**

I am confident i could swim 100m in sports kit  Yes  No  
I have passed an OURCs swim test  Yes  No  
*(If you are unsure please tick no)*

**Injuries & Illness.**

It is important the boat club is made aware of any injuries or illnesses that could impact on, or endanger you or those around you during rowing and its related activities.

I certify I have no condition which may impact on my ability to participate safely  
 I have a condition which may impact on my ability to participate safely\*

*If you ticked the second box above, please give details here:*

  
  
  
  
  
  
  
  
  
  

\* Checking this box does not preclude you from participating. Information is held confidentially, but in order to ensure your well being a club safety officer may discuss suitable precautions you might need to take. Examples of conditions we require to be told about include but are not limited to: Asthma, Bronchitis, Epilepsy, Blackouts, Diabetes, Muscular and Skeletal injuries.

**Gym use**

In the interest of health and safety training in correct weights use will be provided. Members must not use equipment they have not received instruction on and must not use the gym on their own.

I will not use equipment I have not been trained on and will always train with at least one safety partner.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_