



PO Box 3683, Manuka, ACT 2603

LEARN TO ROW APPLICATION

Please complete this form and return to: capitallakes@gmail.com

Please circle/highlight as appropriate
(see notes below)

Student (Junior): \$250

Adult (Masters): \$250

Name: _____

Address: _____

Telephone: M: _____ H: _____ W: _____

EMAIL: _____

Date of birth: _____

School/Tertiary Institution/Occupation: _____

Emergency Contact

Please list two people who can be contacted in case of emergency. Applicants under 18 years of age should provide parent/guardian details.

Name/Relationship	Telephone numbers	EMAIL
	M: H: W:	
	M: H: W:	

Details of any existing medical condition/injury, including management and medication:

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Declaration

- I am a competent swimmer, able to swim 100 metres in light clothing, and will prove so if asked.
- I will advise CLRC of any existing or new injury or illness that may affect my ability to participate in rowing activities.
- I agree to abide by the CLRC Constitution and the Code of Conduct of the ACT Rowing Association.
- I authorise CLRC to take reasonable action on my behalf (including the incurring of expenses) in connection with any injury or illness that I may incur while engaged in Club activities.
- I do / do not agree to my photo being used on the CLRC website

Signature of Member/parent/guardian: Date:

Payment options:

Once registered an email and invoice will be forwarded to you with payment options:

(1) EFT to Capital Lakes Rowing Club

(2) Cheque made out to "Capital Lakes Rowing Club"