



St Catherine's College Boat Club

St Catherine's College, Oxford, OX1 3UJ

Membership Application and Personal Information Form

All members of SCCBC are required to complete this form before going out in any boat.

This form is to be retained at Secretary

Name (block capitals):.....

Starting Term, and expected duration of course:.....to.....

I am a matriculated member of the university/visiting student (delete as appropriate)

Telephone Number:..... Bodleian Card Number:.....

Email Address:

Term Address (Room Number if in College):

.....

Home Address:

.....

Cox Card Number:ARA membership number:

Date Swim Test Passed:

Please change/update any incorrect information on the reverse of this form.

Declaration

- [1] I confirm that I am capable of swimming a minimum of 100 metres whilst wearing light clothing.
- [2] I confirm that I am aware of the dangers of participating in an active water-sport, which include: drowning, exposure, injury from equipment, water-borne disease. I am aware that a full risk assessment is available upon request, a copy of which is held at the Oxford University Sports Federation. I understand that these risks are enhanced by illness and I will not row whilst feeling unwell.
- [3] I confirm that I understand the physical nature of rowing, and that there are no medical reasons for me not to undertake strenuous physical activity.
- [4] I confirm that I will abide by the SCCBC Constitution
- [5] When rowing on the Isis, I will comply with the Oxford University Rowing Clubs safety regulations, and the ARA water safety code, displayed on their websites. I undertake to keep myself informed of any changes in these regulations whilst I remain an active member of SCCBC.
- [6] By signing this form I confirm that all the information, which I have provided, is correct.
- [7] I understand that failure to comply with the above could result in my expulsion from SCCBC.
- [8] I will update the Secretary of SCCBC should any of the above details change.
- [8] **I confirm that I have read and fully understand the above declarations. (Please tick)** ☐

Signed:.....Date:.....

If under 18 years of age a counter signature is required from either parent or guardian.

Admitted as a member: Signed;.....(Member of SCCBC Committee)

Date;.....