

**Wigtown Bay Coastal Rowing Club (SCIO) (SC049939)**



**Adult Membership FORM**

Membership Type (please tick)	Adult (18+)		Adult (16-17)	
Name			DOB	
Address				
Member's Contact details (email)				
Member's Contact details (phone – mobile number preferred)				
<p>Medical issues, allergies, challenges; to assist safety for all on and off the water**.</p> <p><i>NB if you wish to have this information held separately, please provide on an additional sheet of paper, labelled clearly with your name.</i></p> <p><b>**Please note that individuals are responsible for their own medication, and to bring any issues, concerns, or challenges, to the attention of activity leaders at the time of planning to take part.</b></p>				
Emergency contact Name;				
Emergency contact details; (mobile, landline)				
<p><b>Membership Declaration &amp; Consent;</b> I understand that coastal rowing can be inherently dangerous and agree to abide by Wigtown Bay CRC practices to mitigate risk. I will abide by club safeguarding and good conduct practices.</p> <p>I consent to Wigtown Bay CRC Board holding my personal information in compliance with OSCR regulations and in line with Data Protection legislation. I understand that WBCRC will use this information to contact me about club activities. If I withdraw my consent for my information to be held by Wigtown Bay CRC I shall advise the organisation in writing.</p>				
<p><b>Membership Fees are payable following agreement at AGM.</b></p> <p>Virgin Money. 82-67-02 Account Number 20111083 Wigtown Bay Coastal Rowing Club</p>				
Member's Signature				
Date				

***Wigtown Bay CRC shall scan this document, once signed, and retain electronically, as securely as technology available to the club allows. As a SCIO the organisation has a responsibility to retain a separate list of members' names and addresses.***