



# BARWON ROWING CLUB INCORPORATED

PO Box 298, Geelong, Victoria, 3220  
2 Barwon Terrace, South Geelong, Victoria, 3220

## APPLICATION FOR 30 DAY TRIAL MEMBERSHIP

### DETAILS OF APPLICANT

Full Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Post Code \_\_\_\_\_  
Occupation \_\_\_\_\_

### CONTACT DETAILS

Mailing Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Post Code \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Mobile \_\_\_\_\_  
Business Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email \_\_\_\_\_

### DETAILS OF PARENT/GUARDIAN IF UNDER 18 YEARS OF AGE

Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Post Code \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Mobile \_\_\_\_\_

### EMERGENCY DETAILS

Can you swim 100 meters?  Yes  No  
Do you have any health concerns that the Barwon Rowing Club should be aware of?  Yes  No  
If yes, provide details: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Emergency Contact No: \_\_\_\_\_

### WAIVER

I understand and acknowledge that rowing is an activity that may cause injury. I participate in Barwon Rowing Club activities at my own risk. I hereby release exempt and indemnify the Barwon Rowing Club, its management committee and agents in respect of all liability whatsoever and however caused whether by negligence or otherwise which may arise in connection with my participation in Barwon Rowing Club activities and agree that any conditions implied by the Fair Trading Act 1999 are excluded.

### 30 DAY TRIAL PERIOD

I understand that I may train and participate in organised Barwon Rowing Club activities for a period of 30 days from the date on this form; if I wish to do so after the end of the 30 day trial period I understand that I must become a member of the Barwon Rowing Club. I understand that until I become a member of the Barwon Rowing Club I may not represent the Barwon Rowing Club at any external regatta or otherwise. I agree to abide by the Barwon Rowing Club Code of Conduct available from the Club.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian (if under 18 years of age)

Signature \_\_\_\_\_ Date \_\_\_\_\_

e: [info@barwonrc.asn.au](mailto:info@barwonrc.asn.au) | w: <http://www.barwonrc.asn.au>

*"The Barwon Rowing Club will provide the most enjoyable rowing environment in the region"*