



Lower Clarence Amateur Rowing & Sculling Club Inc

PO Box 139 Maclean NSW 2463

Membership Form: 1 July 2024 to 30 June 2025

**** PLEASE PRINT CLEARLY IN BLACK PEN ****

JUNIOR MEMBERS (new): UNDER 18 YEARS OF AGE

Name	Date of Birth
Address	
Email	2 nd Email
School (if applicable)	Mobile/s
I am able to swim: Yes / No	Male / Female / Non-Binary

Please tick your membership category below and sign the Membership Agreement.

Return the completed and signed Pages 1 and 2 of this form, with payment or proof of payment, to the club's shed or by email to regatta_secretary@lowerclarencerowing.com.au. Please either use a PDF editor to complete form or **PRINT NEATLY**.

Notes: Compulsory membership of Rowing NSW is included in the fees below.

Regatta fees are charged separately, payable in full prior to submission of entries.

Annual private boat storage & insurance fees are charged separately.

<input type="radio"/> Junior competing rower	\$ 220	<input type="radio"/> Recreational rower	\$ 185
<input type="radio"/> Non-resident casual rower (If registered with Rowing NSW)	\$ 40	<input type="radio"/> Non-resident casual rower (If not registered with Rowing NSW)	\$ 60

Membership Agreement

- I certify that the information I have provided on this form is correct.
- I agree to be bound by the Constitution, Codes and Policies of Lower Clarence Amateur Rowing & Sculling Club
- I agree to abide by all relevant Rowing NSW Policies and Rules.
- I give **permission** for my photo to be included in publicity articles: **YES / NO**
- I give **permission** for my photo to be included on the LCRC website: **YES / NO**
- I give **permission** for my photo to be included on the LCRC social media pages: **YES / NO**
- I have read, and understand, the Rowing NSW Risk Warning displayed on the club noticeboard and attached to my membership form.

Signed Date

Medical Conditions:

Do you have an existing medical conditions **YES / NO**
If so, please attach relevant details (held in confidence)

Signed Date

MEMBERSHIP IS NOT CONFIRMED UNTIL BOTH PAGES ARE COMPLETED AND SIGNED



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PARENT OR GUARDIAN TO COMPLETE

I, (please print)

being the parent or guardian of the under 18 years of age member named on Page 1, confirm that the information provided on both pages of this form is correct.

I agree to abide by the Rules, Codes, Policies and Procedures of Lower Clarence Amateur Rowing & Sculling Club.

I give **permission** for my child's photo to be included in publicity articles: **YES / NO**

I give **permission** for my child's photo to be included on the LCRC website: **YES / NO**

I give **permission** for my child's photo to be included on the LCRC social media pages: **YES / NO**

Emergency Contact:

NamePhone

Email addressRelationship :

SignedDate

Payment Option 1: Direct deposit, or cash at BCU branch
BSB 533 000 Account 197654
Your full name in the identifier field

Payment Option 2: Cheque payable to -
Lower Clarence Amateur Rowing &
Sculling Club