Murwillumbah Rowing Club – Learn To Row

Please complete and forward with full payment to the Treasurer

Insurance is valid for the length of the Learn To Row program (up to a max of 3 months)

Dr/ Mr / Mrs / Ms / Miss (Please circle)

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First Name Middle Name **Surname**

Postal Address ----------

---------- Postcode ----------

Phone: **Home** ---------- Work ----------

Mobile ---------- **Date of Birth** ---------- **[req'd!]**

Email ----------**[required for RQI]**

❖ For your safety it is important that you supply the club with the following details:

Can you swim 100 metres Yes No

Do you suffer from any complaint that the club should be aware of that may inhibit your ability to participate in active sport or present a danger to yourself or others eg epilepsy/asthma/heart condition. Yes No

Signed ---------- Date: ----------

❖ If under 18 yrs of age a Parent/Guardian must also sign and record school (if applicable)

School:_----------

Parent / Guardian ---------- Date: ----------

Date LTR Commenced	Amount Paid$80	Insurance: ROMS entry
		By: Date:

Learn To Row Receipt

For:_____

Amount $ _____

Date:_____

By:----------

Revised October2015 TJR