



## **Pendeen Pilot Gig Club Membership Form - Adult Members 2025**

**To be completed by all applicants over the age of 18.**

|                         |                           |
|-------------------------|---------------------------|
| NAME:                   | DATE OF BIRTH:            |
| ADDRESS:                |                           |
| TELEPHONE NUMBER:       | EMAIL:                    |
| EMERGENCY CONTACT NAME: | EMERGENCY CONTACT NUMBER: |

**Please select one of the following options:**

**ANNUAL FULL MEMBERSHIP £135 in full**

**ANNUAL FULL MEMBERSHIP £135 in 5 monthly instalments of £27 each (January – May)**

**YOUNG ADULT (18-21 Years) / UNI £60**

**SOCIAL MEMBERSHIP £75**

**\*All new members receive 5 free trials before joining under any of the above categories**

**Please pay PENDEEN PILOT GIG CLUB by BACS, quoting YOUR UNIQUE MEMBERSHIP NUMBER AS THE REFERENCE:**

Barclays Bank  
Sort Code: 20-87-94  
Account Number: 33576868

**ALL FOMS MUST BE ACCOMPANIED BY A COMPLETED ADULT PRE-ACTIVITY QUESTIONNAIRE (below)**

*For office use only:*

Unique membership number:



**Pre activity questionnaire for adults to be completed before getting in the boat**

If you have any questions, please email Gill Spicer or Rob Williamson, the club's welfare officers:

[pendeenfemalewelfare@gmail.com](mailto:pendeenfemalewelfare@gmail.com)

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|   |        |
|---|--------|
| Have you ever fainted or become dizzy while exercising?   | Yes/No |
| Have you ever had chest tightness, cough, wheezing which has made it difficult for you to perform sport?  | Yes/No |
| Has your GP ever said that you have a heart condition?  | Yes/No |
| Do you feel pain in your chest when you do physical activity  | Yes/No |
| In the past month, have you had chest pain when you were not performing physical activity?  | Yes/No |
| Do you lose your balance because of dizziness or do you ever lose consciousness?  | Yes/No |
| Do you have a bone or joint problem that could be made worse by a change in your physical activity?   | Yes/No |
| Have you ever suffered from Epilepsy?   | Yes/No |
| Have you routinely taken any medication in the last two years that may affect you rowing?   | Yes/No |
| Have you ever had Rheumatic Fever?  | Yes/No |
| Do you know of any other reason why you shouldn't exercise?   | Yes/No |
| <b>If you answered YES to one or more of the questions above please visit or speak with your GP and sign the declaration below before participating in these water sports</b> |        |
| <b>I confirm that I have answered YES to one or more of the above questions and have seen my GP who has affirmed that I am able to participate in such water sports.</b>      |        |
| <b>I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction by my Captain or the Safety Officer.</b>               |        |
| I can swim - no/under 25m/competent (please circle)   |        |
| <b>*Non competent swimmers are required to wear a life jacket while rowing.</b>   |        |
| Do you have a diagnosis of any special needs?   | Yes/No |
| Do you have any undiagnosed special needs in the areas of social, communication, sensory, motor coordination, anxiety or behaviour?   | Yes/No |

|  |        |
|--|--------|
| Do you have, or are applying for, an Educational Health Care Plan?   | Yes/No |
| If you have answered yes to any of the above questions, we would be happy to have a further conversation with you to see how we can include you in the club. |        |

**Consent and important information**

**Please tick all appropriate boxes**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | I undertake to inform the club of any important changes in my health or medical needs, also any changes to the addresses or phone numbers given                   |
| <input type="checkbox"/> | I undertake to abide by the Health & Safety and Rowing rules of the Club  |
| <input type="checkbox"/> | I agree to adhere to the club's code of conduct   |
| <input type="checkbox"/> | I agree to the club using pictures and such content for marketing and training purposes. All pictures will be of a decent nature and used purely in a good manner |
| <input type="checkbox"/> | If applicable – if I undertake any work with the junior section I agree to undertake a DBS application  |
| <input type="checkbox"/> | If applicable - I am currently a member of another club affiliated to the CPGA and am happy to be transferred to Pendeen's rowing register                        |

All information collected is for the sole use of Pendeen Pilot Gig Club and will not be passed on or shared with third parties.

|           |  |
|-----------|--|
| Name      |  |
| Signature |  |
| Date      |  |

***Disclaimer***

*Whilst every effort is made to ensure that every adult who joins the club is included in on or off water activities it is the adult or, where appropriate the adult's parents/carers responsibility to ensure that accurate and up to date information is provided initially and updated as needed. Safety is of paramount importance and decisions are made on the information provided. On the day, the cox has the final decision as whether to go out on the water.*

**For all membership enquiries, email Charlotte at [membership.pendeen@gmail.com](mailto:membership.pendeen@gmail.com)**