



**ABERDEEN SCHOOLS ROWING ASSOCIATION**  
**MEMBERSHIP DOCUMENTS SEASON 2007 - 2008**

This document contains four pages viz.

Page 1	This page
Page 2	ASRA membership application form
Page 3	ASRA parental consent form
Page 4	SARA licence application form

Please complete all three forms (pages two, three and four).

Applicants for membership of ASRA should note that a parental signature is required on pages two, three and four, while the applicant must sign pages two and four. This membership is valid until 1<sup>st</sup> September 2008

ALL THREE completed forms, accompanied by a recent passport type photograph and a cheque for £105.00 payable to "ASRA" should be returned to:

**ABERDEEN SCHOOLS ROWING ASSOCIATION**  
**81 POLMUIR ROAD**  
**ABERDEEN**  
**AB11 7SJ**

Upon acceptance of the application, a Membership Card bearing the member's photograph will be issued, and where appropriate application made to SARA for a Racing Licence in the name of the member.

Applications shall not be processed unless ASRA is in receipt of ALL the above documentation plus a photograph (see below) and a cheque for the membership fee.

Although conventional photographs are acceptable (preferably minus a staple through the ear), ASRA, and especially the Registrar, would prefer a digital photograph, titled with the name of the rower, sent as an email attachment to [ed@countesswells.co.uk](mailto:ed@countesswells.co.uk) with "ASRA Membership" as the subject line.



**ABERDEEN SCHOOLS ROWING ASSOCIATION  
MEMBERSHIP APPLICATION SEASON 2007 - 2008**

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<b>SURNAME</b>	<b>FORENAMES</b>	<b>DATE OF BIRTH</b>
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<b>HOME ADDRESS INCLUDING POSTCODE</b>	
<b>HOME TELEPHONE</b>	<b>MOBILE TELEPHONE</b>
<b>OTHER TELEPHONE(S)</b>	<b>EMAIL ADDRESS</b>

<b>CAN YOU SWIM 50 METRES UNAIDED?</b>	<b>YES</b>	<b>NO</b>
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<b>PRESENT SCHOOL, COLLEGE OR F.E. ESTABLISHMENT</b>

**Membership for Season 2007 - 2008 costs £90.00. Additionally the mandatory SARA (Scottish Amateur Rowing Association) licence and insurance – currently £15.00 per annum - is payable. All applications and renewals must be accompanied by a cheque for £105.00, payable to “ASRA”, and a recent photograph of passport size and quality.**

**DECLARATION**

I hereby apply for membership of the Aberdeen Schools Rowing Association (ASRA) and agree that if accepted I will be bound by and uphold the Rules and Constitution of the Association. I enclose a cheque for £105.00 payable to “ASRA” and a recent passport size photograph.

<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>
<b>SIGNATURE OF PARENT OR GUARDIAN</b>	<b>DATE</b>

<b>NORMAL PHOTOGRAPH ENCLOSED / DIGITAL PHOTOGRAPH BY EMAIL (DELETE AS APPLICABLE)</b>
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**THE PARENT OR GUARDIAN MUST ALSO COMPLETE AND RETURN THE ACCOMPANYING PARENTAL CONSENT FORM**

<b>ASRA USE ONLY</b>			
<b>NEW/REN</b>	<b>DBASE</b>	<b>CARD</b>	<b>LICENCE</b>



## ABERDEEN SCHOOLS ROWING ASSOCIATION

### PARENTAL CONSENT FORM SEASON 2007 - 2008

In the event of an emergency, it is important that the coach in charge has the necessary information regarding any condition which could affect the treatment of your child. All information given on this form will be held in confidence and will not necessarily prejudice your child's application. It is in the interest of your child that full and accurate information be given.

<b>NAME OF CHILD</b>
<b>NAME OF PARENT OR GUARDIAN</b>
<b>ADDRESS</b>
<b>CONTACT TELEPHONE NUMBERS FOR PARENT OR GUARDIAN</b>
<b>IF YOUR CHILD HAS RECENTLY UNDERGONE SURGERY, GIVE DETAILS AND DATE</b>
<b>ANY KNOWN ALLERGY TO MEDICINE e.g. PENICILLIN</b>
<b>ANY KNOWN FOOD ALLERGY</b>
<b>ANY CONDITION OF WHICH A DOCTOR SHOULD BE AWARE BEFORE CARRYING OUT TREATMENT e.g. ASTHMA</b>
<b>ANY RESTRICTIONS TO BE PLACED ON EMERGENCY OR SUBSEQUENT TREATMENT</b>
<b>IF YOUR CHILD IS CURRENTLY RECEIVING MEDICAL TREATMENT, GIVE DETAILS</b>
<b>ANY OTHER RELEVANT INFORMATION</b>
<b>NAME, ADDRESS &amp; TELEPHONE NUMBER OF CHILD'S GP</b>

#### DECLARATION

I have read the above information and understand the nature of the activity to be undertaken and consider my child/ward fit to participate. He/she does not suffer from any medical condition not stated above. I hereby consent to the submission of the above named to emergency medical or surgical treatment including the administration where necessary of local, general or other anaesthetic.

<b>SIGNATURE OF PARENT/GUARDIAN</b>	<b>DATE</b>
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# SCOTTISH AMATEUR ROWING ASSOCIATION



## APPLICATION FOR OR RENEWAL OF A RACING LICENCE

### TO BE COMPLETED BY ALL APPLICANTS

APPLICATION	RENEWAL	IF RENEWAL, PREVIOUS LICENCE NO.
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NAME	GENDER M/F
MAIN CLUB	DATE OF BIRTH
ANY PREVIOUS CLUBS	

### TOTAL NUMBER OF QUALIFYING WINS AT 1<sup>st</sup> JANUARY OF CURRENT SEASON

ROWING	SCULLING
IF STILL NOVICE IN EITHER CATEGORY ABOVE, ENTER "NOVICE" OTHERWISE ENTER NUMBER OF QUALIFYING WINS	

### DECLARATION

I agree to abide by and uphold the Rules of Racing of the Scottish Amateur Rowing Association

SIGNATURE OF APPLICANT	DATE
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### JUNIORS ONLY – TO BE COMPLETED BY YOUR PARENT OR GUARDIAN

TOWN OF BIRTH	SCHOOL OR F.E. ESTABLISHMENT ATTENDED
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*Due to the misuse of drugs, some sporting bodies now find that it is necessary to obtain urine samples from competitors. This is particularly the case at international events. The Scottish Amateur Rowing Association is required to take random samples but requires parental permission to demand a sample from the applicant.*

### PARENTAL CONSENT

I hereby agree to the Scottish Amateur Rowing Association requesting the applicant to provide a urine sample.

SIGNATURE OF PARENT OR GUARDIAN	DATE
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### TO BE COMPLETED BY APPROVED CLUB OFFICIAL

To the best of my knowledge the above information is correct

SIGNATURE OF CLUB OFFICIAL	POSITION HELD	DATE
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