



## ABERDEEN SCHOOLS ROWING ASSOCIATION

### MEMBERSHIP DOCUMENTS SEASON 2016 - 2017

This document contains four pages viz.

Page 1	This page
Page 2	ASRA membership application form
Page 3	ASRA parental consent form
Page 4	Gift Aid declaration

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 if approved is valid until 1<sup>st</sup> September 2017

Fees are as follows:

J12 and below - £90.00, 1st year of rowing - £105.00, J13 and above - £155.00

ALL FOUR completed forms, plus a digital photograph sent to [mail@asra-rowing.org.uk](mailto:mail@asra-rowing.org.uk) and a cheque for the appropriate fee 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 Scottish Rowing 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 and a cheque for the membership fee.



**ABERDEEN SCHOOLS ROWING ASSOCIATION  
MEMBERSHIP APPLICATION SEASON 2016 - 2017**

SURNAME	FORENAMES	DATE OF BIRTH
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HOME ADDRESS INCLUDING POSTCODE	
HOME TELEPHONE	MOBILE TELEPHONE(S)
EMAIL ADDRESS OF APPLICANT	EMAIL ADDRESS OF PARENT OR GUARDIAN

CAN YOU SWIM 50 METRES UNAIDED?	YES	NO
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PRESENT SCHOOL, COLLEGE OR F.E. ESTABLISHMENT
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*Membership fees for Season 2016 - 2017 are as follows:*

**J12 and below - £90.00, 1st year of rowing - £105.00, J13 and above - £155.00.**

**All applications and renewals must be accompanied by a cheque for the appropriate fee, payable to "ASRA", and a recent digital 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 the fee payable to "ASRA" and a recent digital photograph by email. I am aware of the Membership Guidelines set out in the Governance section of the ASRA website at [www.asra-rowing.org.uk](http://www.asra-rowing.org.uk),

SIGNATURE OF APPLICANT	DATE
SIGNATURE OF PARENT OR GUARDIAN	DATE

**THE PARENT OR GUARDIAN MUST ALSO COMPLETE AND RETURN THE ACCOMPANYING PARENTAL CONSENT FORM**

ASRA USE ONLY			
NEW/REN	DBASE	CARD	LICENCE



## ABERDEEN SCHOOLS ROWING ASSOCIATION

### PARENTAL CONSENT FORM SEASON 2016 - 2017

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>EMAIL ADDRESS(ES) 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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## ABERDEEN SCHOOLS ROWING ASSOCIATION GIFT AID DECLARATION

Name of Charity:	<b>ABERDEEN SCHOOLS ROWING ASSOCIATION CHARITABLE TRUST</b>
Recognised Scottish Charity:	<b>SC029743</b>

### Donor details

SURNAME	FORENAME(S)
ADDRESS INCLUDING POSTCODE	

<b>I want the above charity to treat all donations I have made since 1<sup>st</sup> September 2013 and all donations that I make from the date of this declaration until I notify you otherwise as Gift Aid donations</b>	
SIGNATURE	DATE

### NOTES

1. Please notify the charity if you change your name or address while the declaration is still in force.
2. You can cancel the declaration at any time by notifying the charity – It will then not apply to donations you make on or after the date of cancellation or such later date as you specify.
3. You must pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims on your donations in the tax year (Currently 25p for each £1 you give.)
4. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the charity reclaims, you can cancel your declaration. (See note 1)
5. If you pay tax at the higher rate you can claim further tax relief in your self-assessment tax return.