



Oxford University Windsurf Club

Membership Form 2009-10



Sections 1,2, 3 and 4 must be completed before being allowed to windsurf.

Section 1: personal details. Please complete in capital letters.

Name _____ DOB _____

Email Address _____ College / Dept _____

Mobile _____

Home Address _____

Postcode _____ Telephone _____

Emergency Contact Name
Emergency Contact Telephone Number

Section 2: insurance and swimming ability

Members must have third party windsurf cover to sail at Farmoor reservoir

RYA insurance membership number _____ Join Date _____

Other insurance details _____

I confirm that I can confidently swim 50 metres

Section 3: declaration. Please tick or cross in the box as required.

I understand that there is an element of risk involved with the playing of all sports.

I have received during Michaelmas/Hilary/Trinity Term (Please circle accordingly) a safety briefing by members of the Club Committee on the fundamental safety aspects of the windsurfing club.

I have read the Risk Assessment Codes of Conduct and Constitution of the windsurfing club as displayed on the club webpage and I agree to abide by the clubs guidelines at all times. Where qualified coaches are in place, I agree to follow the coaches instructions. I agree that this may be a verbal, visual, physical or demonstrative form of communication. I will ask for further clarification of any ambiguous and/or inaudible instructions.

I understand that I will be asked to leave the club session immediately if deemed to be deliberately not following the Codes of Conduct or ignore instructions from the Club Coach.

I agree to this form being kept indefinitely by the Windsurfing Club, on the understanding that the disclosed information will be kept confidential, and shared only between the Club Committee and Coaches. Other than the club or where required in consultation with the University Sports Department and Sports Federation, the information on this form will not be supplied to any other third party.

Section 4: Medical Information (Please tick or cross in the box as required)

1. I have 'No' medical condition which will prevent me from taking part fully in my sport.
2. I have a Medical Condition which may limit/prevent full and safe participation in my sport.
3. I agree to bring medication (where required) to all club sessions.
4. I will inform my club President if the circumstances change in the course of the academic year.

Before each club session I will inform Club Coaches and relevant members of the committee of any medication, allergies, injuries or other medical conditions which may affect my ability to participate fully in the sport on that day.

Name : _____ (Legal guardian if under 18 years of age)

Signature : _____ Date: _____

For club use only

Amount Paid £ _____ (Cash / Cheque)

Member type : Student Non-uni Brookes Aussie Kiss Only

Secretary signature :