



Introduction to Rowing - Learn to Row Program

Please complete the form and send to the email: secretary@aikman.club or by Post to Aikman Club P O Box 215 Bentleigh East Vic 3165

Applicant Contact Details	
Full Name:	
Date of Birth:	
Email:	
Street Address:	
Suburb:	Postcode:
Home Phone:	Mobile Phone:
I wish to participate in the Come & Try/Holiday Rowing Program - dates to be confirmed	

Candidates Declaration	
Please tick all boxes to indicate you have read the following statements and they are true and correct:	
<input type="checkbox"/> Rowing as an activity requires physical exertion not just in the execution of the stroke cycle, but also in the lifting and carrying of (sometimes-heavy) equipment. Applicants who have any doubts regarding their physical fitness for these activities are recommended to consult a qualified sports physiotherapist or doctor before enrolling in the course. All persons enrolling in the course do so at their own risk	
<input type="checkbox"/> I am able to swim at least 50m fully clothed	
<input type="checkbox"/> To the best of my knowledge, I am medically fit to undertake this type of physical activity	
<input type="checkbox"/> I understand the risks involved in commencing a new physical activity and am aware of the dangers associated with water sports	
<input type="checkbox"/> I hereby accept full responsibility for my own health and safety whilst participating in this course	
Applicant's Signature	Date: / /
Parent or guardian consent for applicants under 18 years - Name	
Signature	Date: / /
Guardian's phone #	

Payment Details – Payment of \$200 is required in advance to secure a place in the course

Payment can be made Direct bank transfer Bank: Macquarie Bank
BSB: 182-512
Account: 963162219
Account Name: Aikman Club
Reference: *Your Name*