Slea Paddlers Membership Form							
Name		Date of Bi	irth	1	/		
		Male ☐ Female ☐ Prefer not to say ☐					
Address		Type of Membership: Adult (18 and over) Junior (8 to 17) £35.00 £25.00					
Postcode		Family (4 persons +) Uniformed Groups E20.00 Cheques should be made payable to					
"Slea Paddlers" If family membership is being requested please complete the following information							
	Name	Adult Junior	Male / Female	Date of Birth	Confirm ability to Swim 50m		
Member 2					YES/NO		
Member 3					YES / NO		
Member 4					YES / NO		
Member 5					YES/NO		
Email: Junior members to use parent/guardian email.		Phone number:					
Are you a BC member Yes □ No □		Do you hold any BC coaching qualifications?					
BC Number (if Yes)		Yes □ No □					
Application for membership. Upon acceptance of membership into Slea Paddlers Canoe Club I understand that canoeing is undertaken at my own risk. I confirm that I do not suffer from any disability or medical condition which may render me, or anyone else applying for membership, unfit for strenuous exercise.**							
I confirm I am able to swim 50 metres in light clothing Yes □							
I apply for membership of Slea Paddlers. Signed							
Parent / Adult with parental responsibility signature if under 18.							
Signed By signing the above you agree to abide by the rules set out in the club constitution. ** Should a medical condition exist this will not necessarily preclude you from membership / participation, but it must be declared. Should you be in any doubt, advice should be sought from your family doctor.							



Please also complete the Emergency Contact Form on the next page so that should an incident occur whilst you are paddling then the Coach will be able to contact someone for you.

Slea Paddlers





DIECH PRICEIES

EMERGENCY FORM

Personal Det	tails					
Name		Date of Birth				
		Phone number				
Address		Mobile number				
Address		Mobile Hulliber				
		E-mail Address				
Postcode						
Emergency (Contact, Consent and Medical					
	Kayaking are safe and fun sports, but like other	r sports or outward bound activities there is a				
	of risk. Slea Paddlers coaches have been trained					
	h the activities will be conducted. Like other acti is for that reason the Slea Paddlers Committee					
	rmation, and in the case of under 18's consent to					
	1st Emergency Contact	2nd Emourancy Combact				
Name:	1 st Emergency Contact	2 nd Emergency Contact				
ivanie.						
Phone						
Number:						
Mobile						
Number:						
Doctor: In the following de	ne case of an emergency I give consent for	a responsible adult to pass on the				
Doctor	talis.	Medical Conditions				
D						
Practice Address:						
71001001						
Postcode:						
Practice Pho Number:	ne					
	der 18's only)					
I give consent activities:	t for	to take part in Slea Paddlers club				
activities: *A "Taster" Session (this covers up to 3 sessions, before membership is required)						
*Throughout their period of annual membership *Please delete one						
Name:	Name: Date:					

Data protection. The details above will be recorded in electronic format and will not be communicated to anyone outside of the club and only to club members if required for safety purposes.

Changes to Medical Conditions

It is the responsibility of the member / parent / guardian to inform the club of any changes to medical conditions during the period of membership by completing a new emergency form which can be found on the club web site.

Photographs

Whilst photographs will not be taken at pool sessions, we will from time to time take photographs at club days and river trips. Photographs may be used on the website or for other publicity, such as in the local papers or for general display at meetings etc. In ticking this box you give consent for photographs to be taken of you and/or your child and used as described.

Tick here:

Donation (optional)					
Your donation will be used to purchase new equipment to benefit our members and not towards the running costs of the club.					
Amount:					
All Members: Agreement to abide by club rules					
In signing here, I am agreeing to abide by Slea Paddlers Club Rules, written down or enacted by Club Coaches or Committee Members. I also agree to have my details stored electronically. \Box (Please tick).					
Name:					
Signature:					
Date:					
Slea Paddlers are affiliated to the British Canoeing					

Please return both forms to:

Harrison Wardell wardell93@btinternet.com

Club Web Site; www.slea-paddlers.co.uk/

Club Facebook Page; Slea Paddlers Canoe & Kayak Club



