

Slea Paddlers Membership Form

Name	Date of Birth / /								
Address	Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Type of Membership: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">Adult (18 and over)</td> <td style="padding: 2px 5px;"><input type="checkbox"/> £30.00</td> </tr> <tr> <td style="padding: 2px 5px;">Junior (8 to 17)</td> <td style="padding: 2px 5px;"><input type="checkbox"/> £20.00</td> </tr> <tr> <td style="padding: 2px 5px;">Family (4 persons +)</td> <td style="padding: 2px 5px;"><input type="checkbox"/> £65.00</td> </tr> <tr> <td style="padding: 2px 5px;">Scouts</td> <td style="padding: 2px 5px;"><input type="checkbox"/> £15.00</td> </tr> </table>	Adult (18 and over)	<input type="checkbox"/> £30.00	Junior (8 to 17)	<input type="checkbox"/> £20.00	Family (4 persons +)	<input type="checkbox"/> £65.00	Scouts	<input type="checkbox"/> £15.00
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Family (4 persons +)	<input type="checkbox"/> £65.00								
Scouts	<input type="checkbox"/> £15.00								
Postcode	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:	Phone number:
Junior members to use parent/guardian email.	
Are you a BC member Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you hold any BC coaching qualifications?
BC Number (if Yes)	Yes <input type="checkbox"/> No <input type="checkbox"/>

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.



Slea Paddlers

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.



EMERGENCY FORM

Personal Details			
Name		Date of Birth	
		Phone number	
Address		Mobile number	
		E-mail Address	
Postcode			

Emergency Contact, Consent and Medical		
<p><i>Canoeing and Kayaking are safe and fun sports, but like other sports or outward bound activities there is a certain level of risk. Slea Paddlers coaches have been trained in understanding and managing risk within the context, which the activities will be conducted. Like other activities of this nature however accidents may happen and it is for that reason the Slea Paddlers Committee asks Club users/members to provide the following information, and in the case of under 18's consent to take part in the activities.</i></p>		
	1st Emergency Contact	2nd Emergency Contact
Name:		
Phone Number:		
Mobile Number:		
Doctor: In the case of an emergency I give consent for a responsible adult to pass on the following details:		
Doctor		Medical Conditions
Practice Address:		
Postcode:		
Practice Phone Number:		
Consent (Under 18's only)		

I give consent 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: Signature:..... 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: ☐

All Members: Agreement to abide by club rules

In signing here, I am agreeing to abide by Sleas Paddlers Club Rules, written down or enacted by Club Coaches or Committee Members. I also agree to have my details stored electronically. ☐ (Please tick).

Name:

Signature:.....

Date:.....

Canoeing

Sleas Paddlers are affiliated to the British



Please return both forms to:

Harrison Wardell
wardell93@btinternet.com

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

Club Facebook Page; **Sleas Paddlers Canoe & Kayak Club**



Sleas Paddlers

