

Roker Canoe Club Membership Form 2017-18

Membership runs from 1st April 2017 to 31st March 2018

Forename: Surname: Address: Postcode: Telephone: e-mail:	Date of Birth: _/_/____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female BCU Membership No: (if applicable) <p style="text-align: center;">Interests:</p> <input type="checkbox"/> River Running <input type="checkbox"/> Surf <input type="checkbox"/> Open Canoe <input type="checkbox"/> Slalom <input type="checkbox"/> Sea Kayak <input type="checkbox"/> Touring <input type="checkbox"/> Playboating
<p style="text-align: center;">Emergency Contact Details</p> Forename: Surname: Address: Postcode: Telephone: e-mail:	<p style="text-align: center;">Do You Consider Yourself To Have A Disability?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say. If yes, what is the nature of your disability? <input type="checkbox"/> Visual <input type="checkbox"/> Learning <input type="checkbox"/> Hearing <input type="checkbox"/> Multiple <input type="checkbox"/> Physical <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to Say
<p style="text-align: center;">Medical: Have You Ever Had Or Do You Have?</p> <input type="checkbox"/> Heart trouble, angina, raised blood pressure <input type="checkbox"/> Asthma, bronchitis, tuberculosis or other lung condition <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy, blackouts, fainting attacks, migraine or a severe head injury <input type="checkbox"/> Nervous illness, depression or a psychiatric condition <input type="checkbox"/> Allergic reaction (e.g. hayfever, to medication, food or insect bites) <input type="checkbox"/> History of broken bones, muscle or tendon/ligament damage <input type="checkbox"/> Hearing or visual impairments <input type="checkbox"/> Do you have or suffer from any other diagnosed condition?	
<p style="text-align: center;">Declaration</p> 1. I wish to join Roker Canoe Club ("the Club") and understand that I take part in its activities at my own risk. 2. I am able to swim 50 metres in light clothing. 3. I understand that neither the Club nor anybody acting on its behalf can be held responsible for personal injuries, compensation or loss of earnings which may result from my participation in Club activities. 4. I undertake to be responsible for Club equipment in my possession. 5. I agree to abide to the rules of the Club (the Club Constitution), the Club Code of Conduct, Club Operating and Safety Procedures, the Club Equality Policy and other policies and procedures as advised by the Club Committee from time to time and that my membership may be terminated if I fail to do so. 6. I agree not to do anything that could bring the name of the Club, other paddlesport clubs or organisations or the sport into disrepute or injure or damage	

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any other person or property.

7. I understand and accept that session / trip leaders may prevent me from paddling if they believe me to be unfit to do so at the time or not of sufficient experience or skill to handle the conditions or if to allow me on the water may jeopardise the safety of myself or others, or place unnecessary risks on others.

8. I have declared any conditions that might affect the safety of myself or other members when canoeing or kayaking and agree to relevant details and my UK emergency contact details being discreetly shared with Club session / trip leaders.

9. I understand and accept that canoeing and kayaking are assumed risk, water contact sports that may carry attendant risks including injury and death. I am aware of and accept these risks and will be responsible for my own action and involvement.

10. If I borrow or hire any equipment I understand it is my responsibility to check that it is fit for purpose for the activities I will be using it for. I understand that I am empowered to ask questions if in any doubt of the fitness of any equipment.

11. I understand that it is my responsibility to inform the Club of any changes to the information supplied on this form.

Signature/s

Signed.....

Parent/Guardian (if under18).....

Date.....

Additional Information:

Use this space to add any additional information that may be relevant to your application and which the club should be aware of. This may include previous experience, medical conditions etc.

Office Use:

Primary Member: Y/N

Fee:

Date Paid: