

PADDLEON! MEMBERSHIP 2009/10



- If you require this form in large print, or in electronic format (disk or e-mail), please ask the membership secretary, or a member of the committee.
- Complete BOTH sections (A & B) and give them with your payment to the membership secretary.

SECTION A

Surname		First Name		D.O.B	
Address					
				Post Code	
Tel (home)		(mobile)		(work)	
e-mail					

Membership Type	Cost	(Tick)		Cost	(Tick)
Adult Paddling member	£30		Adult Paddling Concessionary rate (club instructors, un-waged, some low-income groups – ask for details)	£20	
Youth Member (under 18yrs)	£20				
Family Membership (price is for up to 4 family members including 1 adult –please add £10 per additional member)*	£60		BCU Members discount – please deduct £5 individual, £10 Family. (If you are a BCU member you MUST fill in your BCU number on the reverse of this form as proof of membership)	£5	
				£10	
Total Cost				£	

Do you pay UK income tax?	Yes	No	Cheques should be payable to "PaddleOn Canoe Club"
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* If applying for family membership please list all family members to be included in membership

First Name	Surname	Relationship	D.O.B
1.			
2.			
3.			
4.			

I give permission for PaddleOn! Canoe club to use photos of the above named club member(s) for any reasonable purpose (eg web-site, publicity, club publications etc)	Yes	No
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- I understand that canoeing is done at my own risk
- I agree to abide by the rules and regulations of the club
- I have informed the club in writing of any disability or medical condition which affects me, and understand that this information may be passed on, in confidence, to selected committee members and instructors in order to minimize any risks to myself or other club members
- I confirm that the information given on this form (sections A & B) is accurate and complete and agree to inform a member of the committee should any of the information on this form change.

Signed		(Applicant)
Signed		(Parent/Guardian/Carer if applying for youth membership)
Name	(Parent/Guardian)	Date

The information supplied on this form will be held on a database for membership and administration purposes.

In order for PaddleOn! best to support you while canoeing, we request that you fill out all sections of the membership form. No information given will affect your eligibility to participate in Club activities.

Section B (overleaf) should be completed for ALL members. Additional copies are available for family members

PADDLEON! CANOE CLUB - MEMBERSHIP 2009/10 – SECTION B

NAME -		D.O.B	
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Who should be contacted in the event of an accident or emergency?

Name		Tel No	
Address			
		Post Code	
Relationship			

Name of GP		Tel	
Address			

Please list any BCU or 1st Aid Qualifications that you hold: -

Type of Qualification	Level	Date

	Yes	No		Yes	No
Do you drive?			Can you swim?		
Do you have a car?			Are you a BCU member?		
Do you have towing facilities?			BCU membership Number		

In order for PaddleOn! best to support you while canoeing, we request that you supply the following information (this is not compulsory) -

Please give details of any medical condition (eg asthma, diabetes, epilepsy), allergy (eg medication, bee-sting, foods etc), disability, or special educational need that affects you.*

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If you use any medication, please give details below (drug, dosage, frequency etc)*

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Is medication self-administered?	Yes	No	*Continue on separate sheet if necessary
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Please tick:-	Good	Limited
Is your sight		
Is your hearing		
Is your speech		
Is your mobility		

	Yes	No
Do you wear glasses?		
Do you wear a hearing aid?		
Do you use sign language?		
Do you use a mobility aid?		

Type of sign language		Type of mobility aid	
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Do you have any additional needs, or is there any other information that the club should be aware of?

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Signed (member or parent/guardian/carer if under 18)		Date	
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