

Welcome to Duddon Canoe Club

Membership Form for 2018-2019

NOTES/CHANGES

- 1) Please complete a new membership form each year, for renewals or new membership applications. Only page two should be returned.
- 2) Carers/parents and siblings of Satellite club members are covered by the individual's membership when accompanying the member. Their details must be recorded below so they can be added to club records and so enjoy the benefits of membership (and be covered by British Canoeing 3rd party insurance).
- 3) When possible, return the completed form with payment directly to Jacky Mckenny.
- 4) Alternatively, you may hand the form with payment to any club officer, providing it is in a sealed envelope and marked "DCC MEMERSHIP – FAO JACKYMCKENNY".
- 5) Under 18's are permitted to be individual members. They may paddle unaccompanied at the discretion of the Coach leading the session. However, a responsible adult must accompany them to each session. The responsible adult must not leave the site when the paddler is on the water, unless express permission is given by the Coach running the paddling session. A Mobile Telephone number must be filled in on the signing in sheet for emergency purposes if permission is given to leave the site.
- 6) Photography may occur at any club event. If you do not wish to appear in any photographs, then it is the responsibility of the paddler or responsible adult to ensure all photographers are aware of this at each session.
- 7) The main Satellite Club member must complete the attached medical declaration form. Please see note 8 for anyone accompanying the main member, that would like to paddle.
- 8) Medical Conditions for paddlers accompanying the main satellite club member, which may have an impact on the safety or welfare of the paddler or group, must be reported to the coach leading that session or event. It is the responsibility of the paddler or responsible adult to ensure that all relevant medical conditions are disclosed prior to paddling at each event or session. The paddler must carry any medication that may be required. In the case of Juniors, the coach may be asked if they would carry the medication.

Return to: <i>Jacky Mckenny</i> 7 Rowan Avenue Ulverston LA12 9HQ	Cheques payable to: Duddon Canoe Club	Full Year & Renewals (Feb – Feb)	Half Year (Aug – Feb) New Memberships Only
	Family Membership:	£20	£10
	Adult Membership:	£15	£7
	Junior /Student Membership:	£6	£3
Please circle membership type.			

	Name	Canoe Qualifications i.e. Level 1 Coach, 1*kayak, First Aid	Age					Age & Date of Birth if under 19
			0 → 13	14 → 18	19 → 25	26 → 45	45 →	
Individual or Main Member 1								
Family Member 2								
Family Member 3								
Family Member 4								
Family Member 5								
Family Member 6								
Address:	Phone:							
	Mobile:							
Post code:	Email:							
BC/NGB member	Yes No							
BC/NGB membership No.								

Declaration

I understand that canoeing is undertaken at my/our own risk.

I confirm that I/we will disclose all medical conditions for the primary club member on the attached medical form.

I confirm that I/we will disclose any medical conditions at each session to the lead coach for any siblings /parents/ carers attending with the main club member, which may have an impact on the safety or welfare of myself or the group. (Should you be in any doubt, please speak to a club coach and your doctor).

I confirm that I have read and agree to the terms of club constitution (available at www.duddoncanoecub.ork.uk) and agree to abide by all club policies.

I also agree that my details will be held electronically (which will only be used for club use) and that my email address and Telephone Number may be passed on to other members.

Members Signature _____ Members Name (Please print) _____

Counter Signature if under 18 _____ Relationship to Member _____

Duddon Canoe Club medical / disability information form.

Please report any medical condition or disability which could impair the members ability to take a full part in club activities.

This information is needed so club coaches are aware of any precautions, medication etc. needed to enable the fullest possible participation can be enjoyed by all club members .

Members' Name :- _____

Condition:- _____

In what way do you anticipate this restricting participation :-

Please add any other information you consider useful :-

Signed :- _____ date _____

Parent or guardian if under 18.

Note - this information may be shared with club coaches /officials running club events however you are asked to ensure the person running an event is reminded of the above information before the start of a new activity.

If your child needs emergency medication or has an electronic zapper for seizure activity please make sure the coach in charge of the group knows this prior to the session.