

KIRKCUDBRIGHT CANOE CLUB

MEMBERSHIP APPLICATION FORM



Membership Year	
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Membership runs from 1st April to the end - March each year

Personal Details

Name:		D.O.B:	
Address inc. post code:	Telephone number:		
	Mobile number:		
	E-mail address:		

Emergency Contacts *(For under-18s, at least one contact must be OUTSIDE of paddling activities)*

Name:		Telephone:	
Name:		Telephone:	
Doctors Name:		Telephone:	

Medical Information *(In strictest confidence)*

It is very important for your safety and well-being that Kirkcudbright Canoe Club (KCC) are aware of any medical condition/s you may have and we would appreciate your help in this matter. All information will be treated in the strictest confidence.

Medical Conditions	No	Yes	Details of current medication and dosage. <i>Please use a separate sheet if required.</i>	Adult Supervision	Self Administered
Any recent injury or illness?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Asthma?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Hay Fever?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Heart Condition?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Sight impairment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Any known allergy to medicine (E.g. penicillin?)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Any other conditions					

It is presumed that in the event of an accident that requires emergency treatment, you give consent to, "as considered necessary by the medical authorities".
Please tick box if **NO** -

To help plan the paddling sessions, KCC need to know if you can swim or not.	Swimmer <input type="checkbox"/>	Non-swimmer <input type="checkbox"/>
Are you able to swim 50 metres whilst wearing a buoyancy aid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please "tick" as appropriate. Please be assured that being a non-swimmer will not prevent you taking part in club activities.

If you would **like** images of yourself to be included on the KCC Facebook page or website, please tick here.

Fees

Annual membership is payable on 1st April each year. Adults - £10, Under 18 - £5 (please pay by BACS with your surname as reference)

Club nights	Pool Sessions	£36 per person	Block 1 - 2 nd Nov for 6 weeks	Check the Facebook Group for more sessions
BACS : Sort Code - 80-08-63 Account No. - 00112745				

Liability Statement

I accept that Kirkcudbright Canoe Club must, in the interest of safety, monitor the behaviour of its members.

I agree to inform the Kirkcudbright Canoe Club of any changes to the information I have given above.

I have read the KCC Code of Conduct and agree that I (or the Under 18s for whom I am parent or guardian) will adhere to all parts of it.

Signature: _____ Member/Parent/Guardian (delete as appropriate)

Date: _____