KIRKCUDBRIGHT CANOE CLUB MEMBERSHIP APPLICATION FORM



Name:	Membership	o Year			Mem	nbership runs froi	n 1st A _l	oril to th	ne end	- M	larch ea	nch year		
Address inc. post code: Telephone number: Mobile number: E-mail address:	Personal De	etails_												
Mobile number: E-mail address:	Name:							D.O.	B:					
Emergency Contacts (For under-18s, at least one contact must be OUTSIDE of paddling activities) Name: Tolephone: Doctors Name: Tolephone: Doctors Name: Tolephone: 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 threated in the strictest confidence. Medical Conditions No Yes Details of current medication and dosage. Please use a separate sheet if required. Any recent injury or illness? Details of current medication and dosage. Please use a separate sheet if required. Any recent injury or illness? Disbetes? Disbetes D	Address ind		Telephone nu	mber:										
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