

Bradford-on-Avon Canoe Club Membership Form(2012)v2

PERSONAL DETAILS									
Full Name									
Address									
						Post Code			
Work telephone		Home telephone			Mobile telephone				
E-Mail									
DOB (under 18)				Age Group		18-24	25-45		
				46-55		55+			
EMERGENCY CONTACT DETAILS									
Full Name					Relationship				
Address									
						Post Code			
Work telephone		Home telephone			Mobile telephone				
RACE DETAILS									
BCU Number					BCU Expiry				
Marathon Division		Sprint Number		Sprint Rank					
CANOEING AWARDS/QUALIFICATIONS/FIRST AID									
Details		Date of course			Expiry				
MEMBERSHIP TYPE									
Please select and tick the appropriate membership type:					2012	<input type="checkbox"/>	£ AMOUNT		
Adult					£115.00	<input type="checkbox"/>			
County					£90.00	<input type="checkbox"/>			
Junior (under 18 years)					£65.00	<input type="checkbox"/>			
Boat Storage (per boat)		Limited storage available			£25.00	<input type="checkbox"/>			
Key (one off deposit)		At discretion of Committee			£20.00	<input type="checkbox"/>			
Please make cheques payable to Bradford-on-Avon Rowing Club or BOARC					TOTAL AMOUNT				
Return completed forms to BOARC Membership Secretary									
MEDICAL INFORMATION									
Do you have any medical conditions or disabilities that the club coaches should be aware of e.g. asthma, diabetes, epilepsy, allergies or heart complaints									
YES									
NO									
Details									
If you have answered yes, it is your responsibility to let the club coaches know.									

DECLARATION
<p>I wish to become a member of Bradford-on-Avon Rowing Club based at Barton Farm Country Park and agree to abide by the club rules and constitution.</p> <p>I agree that the club officials shall not be responsible for any loss of property on the Club premises or whilst at any function organised by the club.</p> <p>I understand that canoeing can be a hazardous activity and take part at my own risk. I have read and understood the club risk assessments. I agree to operate within these risk assessments.</p> <p>Signed: _____ Date: ____ / ____ / ____</p> <p>(Must be signed by parent/guardian if under 18 years)</p> <p>Paddlers under 18 should also return a completed Parental Consent Form</p>

Additional Information

Please use this space for any other relevant info e.g desc of boat racked etc

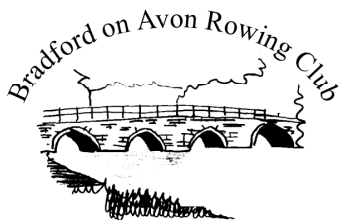
Bradford on Avon Canoe Club is a section of Bradford on Avon Rowing Club

Membership Secretary

Membership Acceptance by Committee

Print Name:

Signed: _____ **Date:** ____ / _____ / _____



Parental Consent Form (v2011)

(To be completed in full and signed if you are the Parent/ Guardian applying for membership for a child under 18)

Name of Child in full

Sex

Date of Birth

Has your child rowed/canoed before

If so, where?

Emergency Contact Name

Telephone no

Relationship to Child

Do you consider your child to have a disability?.....

Nature of disability.....

Medical Information

Does your child have any medical conditions requiring treatment? Yes / No

If so, please give details

Does your child suffer from asthma? Yes / No

If so, please give details including if ever hospitalised

Does your child suffer from any other allergy? Yes / No

If so, please give details

Is your child able to swim 50 metres? Yes / No

Please give any other information you feel is necessary

Please read the following points carefully and then sign below.

- I consent to my child's participation in sporting activities run by BOARC.
- I am aware of British Rowing's Safeguarding and Protecting Children Policy (see <http://www.britishrowing.org/>) Canoe England Child Protection Policy (www.canoe-england.org.uk)
- I acknowledge that the club will only be liable in the event of any accident if they have failed to take reasonable steps in their duty of care for my child during the activities.
- I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above and I agree that should this change I will inform BOARC prior to my child undertaking any further activities run by BOARC.
- In the event of any accident or incident I consent to my child receiving such medication as may be required and any emergency medical, dental or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Parent / Guardian Signature.....Print Name

Date