

ARUN CANOE CLUB

MEMBERSHIP APPLICATION FORM 2009 - 2010

To become a member of Arun Canoe Club no previous canoeing experience is necessary. All that is required is that a prospective member be capable of swimming a distance of **50 metres** (wearing an approved buoyancy aid if necessary). The minimum age for membership is **14 years**, Prospective members who are less than 14 years of age are required to join with a parent under the 'Family' category; the parent or nominated adult should then accompany the child as the responsible adult on any canoeing activity.

On reaching the age of 16, children covered under the family membership are required to have individual junior membership.

Membership Fees (All ages quoted are those on the 1st of April 2009).

Junior £10.00 #	For those aged 14 to 17 years inclusive.
Adult £20.00 #	For those aged 18 years and above.
Family £30.00 #	Allows two adult partners membership at an overall reduced rate or For a family with any number of children up to the age of 16.

#Membership fees quoted above will reduce by 50% if joining between the 1st of October and the 31st of December.
Please send signed form and membership fee, with cheques made payable to **Arun Canoe Club** to Membership Secretary,
Dave Whyatt, 51 South Farm Road, Worthing, West Sussex. BN14 7AF

First Name	Surname
Address	
Post Code	
Telephone Number	
Mobile Number	Email Address
Age (if under 25)	Date of Birth (if under 25)

Details of additional family members.

Name	Age (if under 25)	Date of Birth (if under 25)

Canoeing awards held (please provide copies of certificates)
BCU Membership number (please provide copy of current membership card)
Lifesaving / First aid qualifications held (please provide copy of certificate)
Canoeing experience
Where did you learn about Arun Canoe Club?

Declaration (please sign below only when you have read and fully understood the following statements)

Arun Canoe Club does not require you to detail any personal medical conditions.

However, it is your individual responsibility to ensure that the leader of any activity is fully aware of any medical condition.

Failure to do so could compromise the safety of you and others in the group.

- All persons named above can swim 50 metres, wearing an approved buoyancy aid if necessary (you may be asked to demonstrate this ability)
- Canoeing is a potentially dangerous sport and I understand there is an element of risk involved.
- Following BCU guidelines under its Child Protection and Harassment Policy, Arun Canoe Club requires all its members aged 18 and above to complete a Personal Declaration Form. This should be completed and returned to the Membership Secretary for forwarding to the BCU. If you feel unable to complete the form then we regret that we cannot accept your membership.

Signed #	Date	This data will be held for club purposes only
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Note: This form must be signed by a parent/guardian if the prospective member is under 18 years of age

ARUN CANOE CLUB

(Annual Consent Form 01 / 2009 to 03 / 2010 inclusive)

I the undersigned give consent for my child who is under the age of 18 to participate in club trips, which are run locally (within a 35 mile radius of Worthing) and within a 10 hour time period.

I understand that I do not need to be in attendance on these trips (unless my child is under 14) and that I am happy for the Trip Leader to assess whether or not the trip is suitable for my child.

Name of child Date of birth

The following information is for the benefit of the Trip leader.

Can he / she swim 50 metres in light clothing

Does he/she have any medical condition or handicap that the Trip Leader should be aware of?
e.g. Epilepsy, Diabetes, Asthma, Allergies to insect bites etc?

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Do you consent to qualified first aiders administering first aid if required?.....

If he/she any allergies to plasters or other first aid products please specify.....

Is any long term medication currently being taken?
(If yes please specify)
.....

Date of last tetanus immunisation if known: / /

Does he/she have any special dietary needs or food allergies?
(If yes please specify)
.....

His / Her National Health Number is

His / Her family doctor is: (name) Dr

Address.....
.....PostcodeTel

Name of Accompanying Adult (where applicable).....

Signed (Accompanying Adult).....Date.....
(Where applicable)

Signed (Parent / Guardian) Date

Relationship to Child

Please retain copies of this form for use with the Individual Trip Consent Form.