

# ARUN CANOE CLUB

## MEMBERSHIP APPLICATION FORM 2011 - 2012

To become a member, 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 individual membership is 14 years. Prospective members who are less than 14 years of age must be accompanied by a responsible adult on any canoeing activity and must join under the family category. This accompanying adult need not be a parent, but must be nominated by them. Annual membership fees are as follows (All ages quoted are those on the 1st of April 2011)

**Junior** £10.00 For those aged 14 to 17 years inclusive.

**Adult** £20.00 For those aged 18 years or above on April 1st.

**Family** £30.00 Up to two adult partners with or without any number of children under the age of 16.

On reaching the age of 16, each child covered by the family membership is required to have individual junior membership.

Children under the age of 14, who join as attached to a family, pay the full Junior membership fee.

*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 cheque made payable to **Arun Canoe Club** to the  
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 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 January 2011 to March 2012 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)

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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.....

.....Postcode .....Tel .....

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.**