

Temporary Club Membership / medical awareness or parental consent form.



Name of Participant: _____.

This form is intended to be used for participants in activities being run by representatives of Matlock Canoe Club and the BCU. This form is valid only for the dates and activities specified at the bottom of the page. All forms are confidential.

DISABILITY

The Disability Discrimination Act 1995 defines a disabled person as anyone with a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability? (Please specify)

SPORTING INFORMATION

Have you participated in canoeing before? Yes No

If yes, where have you participated in the sport: (please indicate below?)

MEDICAL INFORMATION

Please detail below any important medical information that our coaches / junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes, etc.).

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EMERGENCY CONTACT DETAILS

To be completed by parent / carer. Please insert the information below to indicate the person(s) who should be contacted in case of an incident/accident:

Contact name (e.g. parent /carer):

Emergency contact number:

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club specified below.

I understand that I will kept informed of these activities – for example timing and transport details. I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

Name: Signature:

Date:

Activity: Date(s) of Activity: