

MATLOCK CANOE CLUB
Membership Officer
Andy Hitchen
12, Cherry Tree Close
Brinsley
Nottingham
Nottinghamshire
NG16 5BA

FULL MEMBERSHIP - APPLICATION FORM

This is a rolling membership system – 12 months from the date of acceptance of this application.
The applicant **MUST COMPLETE ALL SECTIONS** in CAPITAL LETTERS.

Applicants Full Name..... **Date of Birth**.....

(If under 18 years)

List of family members names if you require Family Membership.

D.O.B. if under 18 years

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ADDRESS

TELEPHONE NUMBER

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HOME

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MOBILE

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WORK

POST CODE

E-MAIL.....

- Have you participated in canoeing before **YES/NO** If yes, where have you participated in the sport:
(please indicate below)
- Primary school
- Secondary school
- Local authority coaching sessions.....
- Club
- Other
- Are you a **BCU** member? **YES/NO** Please state **BCU** Number
- Do you hold any canoeing awards? Please state.....

Please circle appropriate areas of canoeing you are interested in:

SLALOM – RECREATION – PLAY BOATING – RIVER RACING – TOURING – SOCIAL

MEMBERSHIP FEES:

Junior (under 18) - £12.00 Adult - £20.00 Family - £30.00 Associate (school/scouts) - £45.00

Social members only £ 5.00 (any age)

I/We have received a set of the Matlock Canoe Club Rules and Regulations and shall abide by these. Pay the membership subscription and that he/she can swim 50 metres clothed. That Matlock Canoe Club will **NOT** be liable for injury to persons or loss of life, damage to /or loss of equipment whilst using any facility organised by the club and that I will paddle for Matlock Canoe Club as my **FIRST NAMED CLUB**.

I enclose a cheque for £..... for my annual membership, please make cheques payable to:

Matlock Canoe Club

SIGNED..... **DATE**

To be signed by parent / carer / guardian if under the age of 18 years

Name of parent/ carer/ guardian in block capitals please:

Please enclose a stamped addressed envelope for your receipt of membership.

Anyone wishing to obtain a floodlight key please contact the club membership officer for further information at the above address.

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 hers ability to carry out normal day to day activities. Do you consider yourself to have a disability? YES NO

- Visual impairment
- Hearing impairment
- Physical disability
- Learning disability
- Multiple disabilities
- Other (please specify)

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 of Junior Club Members – under 18 years.)

Please insert the information below to indicate the person (s) who should be contacted in case of an incident / accident:

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

Emergency contact number:

By returning this completed form, I agree to myself / son / daughter /child in my care, taking part in the activities of the club. I understand that I will be kept informed of these activities – for example timing and transport details. I understand that in the event of an injury or illness all reasonable steps will be taken to contact the person named above, and to deal with that injury, illness appropriately.

Members name: (Parent/ carer of Junior)

Signature:

Date