



Charity Number: 1151192

# Membership Form

Postal: 50 Gloucester Crescent, Staines, TW18 1PS

Tel: 07542 107493

Email:

spelthornekayakandcanoecub@gmail.com

Facebook: Spelthorne Kayak and Canoe Club

2019

## Paddlers Personal Details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Town: \_\_\_\_\_ Country: \_\_\_\_\_

Postcode: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Occupation: \_\_\_\_\_ School: \_\_\_\_\_

## Parent's Contact Details

**NOTE:** for youth members this needs to be of the Parent/Guardian NOT the youth member

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile \_\_\_\_\_

E-mail address: \_\_\_\_\_

## Emergency Contact Details

Please provide the details of a person to be contacted in the event of an incident/accident .

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Medical Conditions & Disabilities

Please detail any medical conditions or disabilities that may affect you whilst paddling. (e.g. Epilepsy, asthma, diabetes, anaphylaxis etc)

## BCU Membership Details

If you are a BCU member please provide the following details:

BCU Number: \_\_\_\_\_ Expiry Date \_\_\_\_\_

Membership Type: \_\_\_\_\_ BCU Qualifications \_\_\_\_\_

First Aid Qualification: \_\_\_\_\_ First Aid Expiry Date: \_\_\_\_\_

## Declaration

- In compliance with the Data Protection Act 1998 and the updated GDPR 2018, the information provided on the form will be stored on computer and only be used for the purpose of club administration.
- I give consent for any photographic material taken by the club to be used for reports and publicity.
- I agree to abide by the Constitution, Operational Procedures, equal opportunities, Code of Conduct and Rules of the Club (copies available on website or on request).
- I understand that participating in paddle sport activities is done at my own risk and that the Club or Organisers accept no responsibility for loss, damage or injury caused by or during attendance on any of the Club's organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the Club or Organisers.
- I agree to my 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 injury or illness all reasonable steps will be taken to contact me and to deal with that injury/illness appropriately. I give permission for appropriate medical attention to be administered if necessary.
- By signing this form you are confirming that you are consenting to SKCC, holding and processing your personal data for the following purposes (please tick the boxes where you grant consent):-
- I consent to you contacting me by: ***Post, Phone, Email, Text***,
- To keep me informed about: news, events, activities and information about specific fundraising activities and events with SKCC (note you can unsubscribe from our e-bulletins/email circulars at any time)

**PRINT NAME** \_\_\_\_\_ **DATE** \_\_\_\_ / \_\_\_\_ / 2019

## SIGNED

\_\_\_\_\_  
(Parents or guardian must sign for under 18's and agree to the above terms for their dependant)

## Membership Fees

Membership Type	Cost	Tick Type
<b>Adult</b>	£95.00	
<b>Junior /Child (under 18)</b>	£65.00	
<b>Concessions:</b>		
<b>Over 60/Student</b>	£50	

## Payment Method

Payment can be made by cash, cheque, made out to Spelthorne Kayak and Canoe Club or by bank transfer, details: Barclays Bank Sort code: 20-81-11 Account No.: 73765989

## Get Involved

As a club, we rely on volunteers to help run and organise the club. If you would like to get involved with the running of the club, please either:

1. Tick here
2. E-mail [admin@skcc.org.uk](mailto:admin@skcc.org.uk) or
3. Talk to a Committee Member

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## **For Club Use Only:**

Form Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Payment Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Membership Number: \_\_\_\_\_