ALTON CANOE CLUB

MEMBERSHIP FORM

2024 - 25

Please comple	te all sections to ensure clu	b records are up to	date			
Name	Lea Are					
Address						
Post code						
Phone no.	Mobile no.					
Email address						
	News letters, programmes and club updates will be sent by email unless otherwise requested.					
Date of birth (if under 18)	* * * * * * * * * * * * * * * * * * * *				
All members r	nust be confident in water	and be able to swin	n 50m in light clot	hing		
Participants sh	yaking are 'Assumed Risk – v ould be aware of and accept g this form you accept th	these risks, and be	responsible for the		· · · · · · · · · · · · · · · · · · ·	
	cant or the parent/guardiars of the constitution of Alton		nsent to this applic	cation for memb	ership under the terms	
Signed:		• • • • • • • • • • • • • • • • • • • •	Date:			
	or other parties who attend rs can accept any liability f	_				
Members	hip annual fees					
	nder 18's) or more at the same address)	50.00 40.00 100.00 5.00	***************************************	*Parent or Guar - please con	dian nplete rear section	
BCU Members	hip no:		Expiry date			
Pool evening f	ees are charged poolside, c	urrently £5.00 (£6.0	o for electronic pa	ayment) per pers	on/session.	
The club is affiniury insuran	filiated to the PaddleUK ance.	nd as such, is cover	ed by third party	liability insuranc	e. This is not personal	
Subscriptions	due at the beginning of Oct	t ober each year.				

PLEASE TURN OVER AND COMPLETE THE IMPORTANT ADDITIONAL INFORMATION

Membership details are stored digitally by both the Club and our governing body, PaddleUK - please see our GDPR statement for details of how this information may be used. By signing this form you agree to your data being stored

Any changes of address or details should be notified to the club as soon as possible.

only for its specified use.

Please complete all sections to ensure club records are up to date

PARENT or GUARDIAN CONTACT DETAILS for those under 18. Name Address Post code Phone no. Mobile no. Email address News letters, programmes and club updates will be sent by email unless otherwise requested. **MEDICAL DETAILS** Do you have a medical condition of which the club should be aware? If so, please give details below. Doctors contact details if relevant: Name Address Phone no. **EMERGENCY CONTACT DETAILS** Name Relationship Phone no. Mobile no. **QUALIFICATIONS** Do you hold any personal awards, coaching qualifications, first aid or safety awards? If so, please give details below. **PHOTOGRAPHS** NO photographs or videos are to be taken poolside without prior approval. Occasionally we take photo's of participants during outside sessions for publicity, including for use on our own website. If you object, please tick in the box: **EQUAL OPPORTUNITIES & WELFARE POLICY** The Club operates within the PaddleUK guidelines and a copy of the Club Policy is available upon request. Please see a

Parents, guardians or responsible adults are required to remain poolside during the club sessions

The club is **NOT** responsible for individuals activity outside of the pool area.

member of the committee for details.