

Kingston Kayak Club - Membership Form 2016-17

Please complete one form for each member – All sections to be completed

Membership Junior £25 Adult £35 Family £45
Fees: (Under 18 on 1/5/2016) (Parents & Juniors)

All over 18s who are NOT a currently a British Canoeing member will be required to pay an additional £2 per non-member. This is paid direct to British Canoeing for insurance purposes.

Family Membership is available for up to 2 Adults and Juniors.

Additional family members aged 18 and over will be required to join as Adult Members

		Τ	
Forename		Surname	
Address		Date of	
		Birth	
		Tel No.	
		Mobile N	lo.
Postcode			
Email Address			Please tick if you wish to be excluded from the email list.
Members can register immediat	ely for Club email up	dates at htt	p://www.kkc.org.uk/
BCU Membership Number If applicable		Exp	piry Date
	1.0		
Coaching/Lifeguard/First Aid Qu	alifications:		
through having a wide base of volu	nteers. Please could y	ou complete	to grow stronger we can only do this the following section to specify which
- , , ,	to fulfil as a member or	r Parent/Gua	ordian. Full training will always be given for
any volunteer role.	П	Conoral Cl	ub House Cleaning
Receptionist			
Social Event Organiser			g Organiser
Trip Organiser		I am not p	repared to Volunteer \square
Other (please specify)			
Parent/Guardian Name			
Contact Email			
		risks, and be	Sports" that may carry attendant risks. e responsible for their own action and
In compliance with Da	ata Protect Act these	details will	be held on a secure database.
I do not consent for ph	notographs or videos	to be taker	of the above named person \square
I enclose Membership Fee (includir	ng BCU insurance £2 if	applicable)	£
I have read and understood the cod	des of practice held at	www.kkc.org	g and agreed to abide by them.
Signed			Pate

(Parent or Guardian if under 18)



Kingston Kayak Club Medical Needs Form

Under the Data Protection Act 1998 we are required to inform you that this information will be kept on file for reference if required.

Please inform the membership secretary if there are any changes.

Members Name	
Date of Birth	
Address	
Current Medical	
Condition(s)	
Please give details as appropriate and any treatment / medication	
Please provide any other relevant	
information we should know which	
could affect our ability to work with	
you / your child effectively	
Emergency Contact Name	
Relationship	
•	
Address	
Contact Number	
GPs Name	
Contact Number	

I give my permission for Kingston Kayak Club to share this information with club coaches that may be involved in activities that I or my child participates in, if the committee consider to be in the best interest of the person named on this form.

Signed Date	
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(Parent or Guardian if under 18)

