

Fees:

Kingston Kayak Club - Membership Form 2017-18

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

Membership Junior £25

Adult £35

Family £45 (Parents & Juniors) Renewal of membership received after 18^{th} June will attract an additional £5 late payment fee.

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.

(Under 18 on 1/5/2017)

| Additional family members aged 18 and over will be required to join as Adult Members | | | |
|---|---|--|--|
| Forename | Surname | | |
| Address | Date of | | |
| | Birth | | |
| | Tel No. | | |
| | Mobile No. | | |
| Postcode | | | |
| Email Address | Please tick if you wish to be excluded from the email list. | | |
| Members can register immediately for Club email up | dates at http://www.kkc.org.uk/ | | |
| BCU Membership Number If applicable | Expiry Date | | |
| Coaching Qualifications | Lifesaving/First Aid Qualifications | | |
| | | | |
| | | | |
| Kingston Kayak Club is run by volunteers for its members through having a wide base of volunteers. Please could y volunteering role you're prepared to fulfil as a member o any volunteer role. | ou complete the following section to specify which | | |
| Receptionist | General Club House Cleaning | | |
| Social Event Organiser | Fundraising Organiser | | |
| Trip Organiser | I am not prepared to Volunteer | | |
| Trade Skills | Reason not prepared | | |
| Parent/Guardian Name | | | |
| Contact Email | | | |
| Canoeing and Kayaking are "Assumed Risk" – "Water Contact Sports" that may carry attendant risks. Participants should be aware of and accept these risks, and be responsible for their own action and involvement. | | | |
| In compliance with Data Protect Act these details will be held on a secure database. | | | |
| I do not consent for photographs, audio or videos to be taken of the above named person \Box | | | |
| I enclose Membership Fee (including BCU insurance | £2 if applicable) £ | | |
| Signed | Date | | |
| (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 | |
| Neiddlensing | |
| Address | |
| | |
| Contact Number | |
| GPs Name | |
| of 3 Nume | |
| Contact Number | |
| | <u> </u> |
| I give my permission for Kingston Kayal | Club to share this information with club coaches that may be |

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 | |
|----------------------------------|------|--|
| (Parent or Guardian if under 18) | | |

