

Please note! This membership form is valid for all memberships received before the AGM after that any increases agreed at the AGM will apply.



[www.tamarcanoeassociation.org.uk](http://www.tamarcanoeassociation.org.uk)

# Tamar Canoe Association



## Membership / Introductory Course Form 2018 – 2019

Please complete all the details below and the sections overleaf then return to:

Philip Thorn 7 Manor Park, Duloe, Liskeard, Cornwall. PL14 4PT. Tel: 01503 264468

Surname: ..... Forename: .....

Address: .....

Postcode: .....

Telephone Number: ..... Mobile .....

Email address (**please write clearly**): .....

Please indicate type of membership required:

			Number	Total £
Membership	Junior	Under 18 years on 1st April (Minimum age 11 years)	£20.00	
	Senior	Over 18 years on 1st April	£35.00	
	Family	Up to 2 Adults & up to 3 children at same address (Minimum age 8 years if parents on water)	£65.00	
Introductory Courses	<b>Wednesday</b> nights 11 <sup>th</sup> April to 16 <sup>th</sup> May.		@ £35 per person	
	<b>Wednesday</b> nights 30 <sup>th</sup> May to 4 <sup>th</sup> July.		@ £35 per person	
	<b>Wednesday</b> nights 18 <sup>th</sup> July to 22 <sup>nd</sup> August.		@ £35 per person	
	<b>Sundays</b> 8 <sup>th</sup> & 15 <sup>th</sup> July.		@ £35 per person	
<b>N.B. The membership year runs from April 1st to March 31st.</b>			TOTAL	

Does anyone on this form hold any British Canoeing awards? Please list: .....

Is anyone on this form a British Canoeing member? **Please list:** Name / Number / Expires .....

**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.**

If you **DO NOT** give permission for:

- ⇒ your name and address to be held on computer for canoe club purposes only, please tick box.
  - ⇒ pictures taken during club activities being used for canoe club purposes only, please tick box.
- If you have any special skills that the club could call upon if required or would like to get involved with helping out please list or contact a club official. ....

I would like to apply for membership of the Tamar Canoe Association as indicated and the Introductory Course place(s) as specified above. Enclosed is cash / cheque for £..... (payable to Tamar Canoe Association). You can pay by Direct Transfer to the Tamar Canoe Association account at the National Westminster Bank Liskeard Branch Sort Code 52-10-42 Account number 16032187.

Please use your surname as the reference. Paid by Direct Transfer

**Please do not send cash in the post.**

**If you would like your membership card posted to you please supply a stamped addressed envelope.**

## Section A: Adult Paddlers Consent Form

I wish to take part in canoeing activities with the Tamar Canoe Association as advertised in the newsletter and on club notice board I agree to emergency treatment arising from any incident, including an anaesthetic being administered if required. I have given full details of relevant medical conditions (section C). I agree to abide by the club rules and Code of Conduct. I will not hold them liable for any missed sessions, personal injury, loss or damage to clothing or equipment.

Please indicate whether you can / cannot swim 50m in light clothing.

(1) Name: ..... Signature: ..... I can / cannot swim 50m.

Family Membership only:

(2) Name: ..... Signature: ..... I can / cannot swim 50m.

## Section B: Parental Consent Form

Junior Members: (please list names and dates of birth)

(3) ..... / ..... / ..... can / cannot swim 50m.

(4) ..... / ..... / ..... can / cannot swim 50m.

(5) ..... / ..... / ..... can / cannot swim 50m.

I give permission for those named above to take part in canoeing activities with the Tamar Canoe Association, and will not hold them liable for any missed sessions, personal injury, loss or damage to clothing or equipment. I agree to contact the organiser of any trip beforehand to inform them that my son/daughter will be attending. I agree to emergency treatment arising from any incident, including an anaesthetic being administered if required, and have given full details of relevant medical conditions (section C). They agree to abide by the club rules and Code of Conduct.

My son's / daughter's swimming ability is as indicated above.

Parent / Guardian Name: ..... Signature: ..... Date: .....

## Section C: Emergency and Medical Information

In an emergency please contact:

Name: ..... Tel: ..... Mobile: .....

Please give details of any relevant medical condition such as diabetes, epilepsy, fainting etc or any other conditions for those named above which our Coaches should be aware. If you have any concerns about whether it is advisable to canoe in view of a particular medical condition please check with your GP and if appropriate contact a member of the committee to discuss further.

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## Section D: Disability

Do you consider yourself or anyone listed on this form to have a disability? Yes No

If yes, what is the nature of the disability?

Visual impairment Hearing impairment Physical disability

Learning disability Multiple disability Other (please specify)

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How did you hear about the Tamar Canoe Association? .....

**Ethnicity** this section is not compulsory but the club would appreciate you filling it in.

**A White** British Cornish Any other white background (please specify)

**B Mixed** White & Black Caribbean White & Black African White & Asian  
other (please specify)

**C Asian or Asian British** Indian Pakistani Bangladeshi other (please specify)

**D Black or Black British** Caribbean African other black background (please specify)

**E Chinese or other ethnic group** Chinese Any other (please specify)

**AGE** this section is also not compulsory but is very helpful. Please insert numbers within age group.

MALE	18		19 to 25		26 to 40		41 to 45		46 to 55		Over 55	
FEMALE	18		19 to 25		26 to 40		41 to 45		46 to 55		Over 55	



The TCA has a Facebook group, this enables you to be kept informed of Club and non-club activities.

**For official use only: -**

Membership fee received by: ..... Date: .....

Membership Number: ..... Card sent: .....

Year first joined: ..... Number of Paddlers:..... Cornwall / Devon