



Tamar Canoe Association



Membership / Introductory Course Form 2010 – 2011

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:

Please indicate type of membership required:				Number	Total £
Membership	Junior	Under 18 years on 1st April (Minimum 11, 8 if parents on water)	£18.00		
	Senior	Over 18 years on 1st April	£30.00		
	Family	2 Adults & up to 3 children at same address	£50.00		
Introductory Courses <i>Membership is required</i>	Wednesday nights from 14 th April.		@ £30 each		
	Wednesday nights from 2 nd June.		@ £30 each		
	Wednesday nights from 4 th August.		@ £30 each		
	Sundays 11 th & 18 th July.		@ £30 each		
N.B. The membership year runs from April 1st to March 31st.				TOTAL	

Does anyone on this form hold any BCU awards? Please list:

Is anyone on this membership form a BCU member? **Please list:**

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 cash / cheque for £..... (payable to Tamar Canoe Association).

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 TCA 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 be bound by the rules of the Tamar Canoe Association, and 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) Spouses 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).

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

Name of Parent / Guardian: Signature of Parent / Guardian:

Date:

Section C: Emergency and Medical Information

In an emergency please contact:

Name: Tel: Mobile:

Date of last tetanus booster of (1).....(2)..... those named above: (3).....(4).....(5).....

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)

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. Please insert numbers within age group.

18 male	18 female	19 to 45 male	19 to 45 female	Over 45 male	Over 45 female
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For official use only: -

Membership fee received by: Date:

Membership Number: Card sent:

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