 **Ribble Canoe Club Membership Application 2017**

**New Members Only**

**Existing members should print the renewal they have had emailed or contact the membership secretary** [**membership@ribblecanoeclub.co.uk**](mailto:membership@ribblecanoeclub.co.uk)

All members who join the Club agree to be bound by the Club constitution, a copy of which is available on our website. If you object to your information being stored on a computer database please inform the Membership Secretary on submission of application. We send our newsletters by email

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| **Please tick the box to confirm that you are aware of, and have read the RCC Risk Assessments.** |  |
| **Please tick box to confirm that all people listed on this form are water confident and they can you swim 25m wearing a buoyancy aid.**  **If you or anyone else listed on this form cannot swim 25 metres due to a disability, please email our Disability Officer** [**disabilityofficer@ribblecanoeclub.co.uk**](mailto:disabilityofficer@ribblecanoeclub.co.uk) |  |

**Important Note: If you have any concerns about your fitness to engage in this demanding sport then we expect you to check with your doctor to ensure that you are fit to paddle**

Please tick your age bracket (required when we complete the Annual BCU Affiliation Form for the Club)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Enter Full Members Name** | **Under 18 - include DOB** | **19-25** | **26-45** | **45+** |
| **Please list Family Members Names, Age Brackets** | | | | |
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| --- | --- | --- | --- |
| **Address & Post Code** |  | | |
| **Tel No:**  **Mobile:** | | **Email address** | |
| **BCU No. for everyone listed (if applicable)** | | |  |

Please circle the type(s) of membership you are applying for: Adult £25

Family £5 per additional name Junior £10 Affiliated £50

**There is also a £5 joining fee for each member i.e Adult £25+ £5 joining fee Family Member £5 + £5 joining fee = £40**

**NB.** Family membership applies to members of the same household as an adult member.

Please enter any qualifications you have:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Kayak** | **Open Canoe** | **Sea** | **Competition** |
| **Star Awards** |  |  |  |  |
| **Coaching** |  |  |  |  |
| **Other** |  |  |  |  |

**Circle the areas you participate in:**

General Recreation, River Trip, Open Boating, Sea, WW Racing, Slalom, Polo

**DECLARATION**

I confirm that I have read and agree to the terms of club constitution and agree to abide by all club policies.

I understand that canoeing is a high risk sport and that the decision to participate in events is entirely mine. I agree not to hold liable the Ribble Canoe Club, an informal association or any individual member for any accident, either personal or to property, which may occur through normal participation at Club events.

I agree to be bound by any rules which may be decided from time to time in committee or general meeting and to accept instruction, advice or guidance given by a Coach or their Assistant at Club organised events.

I confirm that no person listed on this application renewal has a disability or medical condition that may affect their ability to kayak/canoe.

OR

I confirm that a person or persons listed on this application/renewal has a disability and/or

health condition that could affect their ability to kayak/canoe and this has been declared

on the medical health form.

**Any member who chooses not to disclose possibly lifesaving information does so at their own risk and the club cannot be held responsible for any repercussions resulting from this decision.**

**Signed Signed**

**Date** (Parent or Guardian if applicant under 18)

Please send your completed application form with your cheque made payable to “Ribble Canoe Club” to: **Mrs Pat Green, 9 The Drive, Fulwood, Preston PR2 8FF**

**Medical / Disability Information Form**

**Please complete one of these forms for each person with a disability/medical condition**

Please report any medical condition or disability which could affect the member(s) when taking part in club activities. This is not restricted to physical disabilities; for example an allergy that might affect you during a club trip is relevant for us to know about.

**Note - this information may be shared with club coaches /officials running club events however you are asked to ensure the person running an event is reminded of the above information before the start of a new activity.**

This information is needed so club coaches are aware of any precautions, medication needs, indicators that you might be unwell, aids and adjustments required, and the best methods to support you so that the fullest possible participation can be safely enjoyed by all club members.

**Name :-** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Condition:-** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In what way might this affect you:-**

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**Should you suffer a medical problem whilst on a club event what action should be taken by those around you?**

Please add any other information you consider useful, such as how you cope with difficulties or support you might need :-

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Signed :- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or guardian to sign if applicant is under 18.

Our club Disability Officer is available to discuss any concerns or support needs. He might contact you if there are any questions raised by the information you declare on this form. His contact details are [disabilityofficer@riibblecanoeclub.co.uk](mailto:disabilityofficer@riibblecanoeclub.co.uk)