



ABERFAN CANOE CLUB APPLICATION FOR MEMBERSHIP

Personal Details:-

Name	
Address	
Postcode	
Telephone No.	
E-mail address	
WCA Membership No.	
Date of Birth	

Type of Club Membership:- Please tick appropriate boxes:

Family £40	Adult £20	Student / Unwaged £10	Junior £10
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WCA Club Paddler: This entitles you to basic facilities offered as part of Full WCA Membership (e.g. Insurance) and is required if you wish to paddle other than at Aberfan Community Centre Pool.

Senior WCA Club Paddler £7	
Junior WCA Club Paddler £5	

Qualifications:- Please indicate **C** (Canoe), **K** (Kayak), **S** (Surf), **P** (Polo) or colour for rainbow award.

Canoeing Awards	Coaching Awards:	Lifeguard Awards:
Rainbow Badge	Level 1 Coach	Rescue/Resus Award
1 Star	Level 2 Coach Trainee	Canoe Safety Test
2 Star	Level 2 Coach	L/G Resuscitation
3 Star	Level 3 Coach Trainee	Assistant Lifeguard
4 Star	Level 3 Coach	Lifeguard Trainer
5 Star	Level 4 Coach	Senior Lifeguard
	Level 5 Coach	Lifeguard Coach
	Assessor Status	Safety Officer
		Pool Endorsement

Additional Qualifications: Please add any other qualifications, which are relevant to canoeing.

Aquatic First Aid		
Disabled Awareness		
First Aid At Work		

Would you be willing for the above information to be available to other members? **YES / NO**



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Upon acceptance into membership of Aberfan Canoe Club I accept that “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.”

I agree to abide by the Club Constitution and rules (copies available from the committee) and that neither club nor its officers will be held responsible for any loss of equipment during training sessions or any other event held in its name. It is my duty to inform the club of any medical conditions that my children or I have.

Adults with regular contact with young persons may be asked to undergo a CRB disclosure.

Signed.....

Parental Consent Form for all Members under 18 yrs.

In the event of an emergency,(while taking part in any activity organised by the club and while on any organised trips and /or travelling in arranged transport.) I give permission to any committee member of the club or any responsible adult, to get any medical attention needed.

Medical Ailments:
If none please state

Name and telephone of Doctor:

Contact Name and details (if different or additional to the above)

Signed.....(Parent/Guardian)

Signed: _____ Date: _____

A PARENT OR GUARDIAN MUST ALSO SIGN ON BEHALF OF A JUNIOR.