



ABERFAN CANOE CLUB APPLICATION FOR MEMBERSHIP

Personal Details:-

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

Type of Club Membership:- Please tick appropriate boxes:

Family £40	<input type="checkbox"/>	Adult £20	<input type="checkbox"/>	Student / Unwaged £10	<input type="checkbox"/>	Junior £10	<input type="checkbox"/>
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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	<input type="checkbox"/>
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Qualifications:- Please indicate **C** (Canoe), **K** (Kayak), **S** (Surf), **P** (Polo) or colour for rainbow award.

Canoeing Awards	Coaching Awards:	Other Awards:	Date Taken
Rainbow Badge	Level 1 Coach	Canoe safety	
Blade 1	Level 2 Coach Trainee	Aquatic First Aid	
Blade 2	Level 2 Coach	Disabled Awareness	
Blade 3	Level 3 Coach Trainee	First Aid At Work	
Blade 4	Level 3 Coach		
Blade 5	Level 4 Coach		
1 Star	Level 5 Coach		
2 Star	Assessor Status		
3 Star			
4 Star			
5 Star			

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



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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.....Member

SignedParent

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

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)

Name _____

Date: _____