**Application form for Beginners Course**

*British Canoeing Affiliated - Membership No. 001015/a*

Please Print All Details Clearly (Any info you do not want other club members to know then put a ‘ (n) ‘ next to it and we will not publish it) –

**MEMBER 1**

Adult (Over 18) Day course only - £30 Adult (Over 18) Day course and 1 Year membership - £80

Junior (Age -17) Day course only - £30 Junior (Age -17) Day course and 1 year membership - £50

To allow us to correctly inform British Canoeing about our members for affiliation and insurance purposes, please indicate which group you fall under:

13yrs or under 14-18yrs 19-25yrs 26-45yrs 46+yrs

FULL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREVIOUS MEMBERS:** Please provide full details to ensure we have up to date information for the coming membership year.

E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Age (if under 18):\_\_\_\_\_\_\_\_\_\_ Gender (please circle): Male / Female / Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of Emergency Contact (please supply Name, address, tel no, mobile no): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Alternative contact name / home telephone / mobile number in case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please give details of any condition (medical) or recent illness that might affect your (or the junior members) ability to paddle or that the instructors need to know about, or Allergies or medicines they need to be aware of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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For Under 18’s – Please let us know of anything else we need to know to keep your child safe and coach them effectively:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Please briefly tell us what you would like to get out of the club (e.g. specific craft interests / social / fitness): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you wish to join the club’s closed facebook group, please provide your facebook ID name, if different to the name you have provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION**

I, the named person on this form, or the parent or guardian of the under 18 person named on this form, upon acceptance into the membership of Lancaster District Canoe Club, understand that canoeing is undertaken at the participants own risk. I confirm that I do not suffer from any disability or medical condition which may render me unfit for exercise (should a medical condition exist this will not necessarily preclude you from membership/participation, but it must be declared above). Should you be in doubt, advice should be sought from your doctor.

I am empowered to ask questions and I agree to follow and abide by the clubs/BC policies.   
  
Signed..................................................................................................

Parent/Guardian (under 18’s)………………………………………………………………………

Date ……………………………….

Are you a member of British Canoeing? Yes / No (if yes - BC Mem. No. …………………………….)

**Other Information**

To pay online, please state the full name of the person who the membership is for in the “Reference” box. This will enable us to match the payment to this form. Please make the payment to the follow account details:

**Account Number: 71396633 / Sort Code: 40-27-02**

Cheques to be made payable to ‘ Lancaster and District Canoe Club’ and forwarded form to Paul Britton, 26, Lincoln Rd, Lancaster, LA1 5DN (01524 381502)

Parent/Guardian signature required for under 18 year olds. Cheques to be made payable to “Lancaster and District Canoe Club”. Please forward with completed form to: Paul Britton - 26 Lincoln Road, Lancaster, LA1 5DN. (Tel: 01524 381502)

**ADDITIONAL HOUSEHOLD MEMBERS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Age  *Write or circle* | Contact Details  *(If different to Member 1)* | Emergency Contact  *(If different to Member 1)* | Medical  Care / additional support needs: | Membership Type: *Circle* |
|  | Junior:  \_\_\_\_\_\_  Adult:  19-25  26-45  46+ | Email: | Name:  Relation:  Number: |  | Adult (Over 18) - £50 Day  £80 Day and 1 year membership  Junior (Age -17) - £30  £50 Day and 1 year membership |
| Address: |
| Name:  Relation:  Number: |
| Gender: |
| Phone: |
| Name | Age  *Write or circle* | Contact Details  *(If different to Member 1)* | Emergency Contact  *(If different to Member 1)* | Medical  Care / additional support needs: | Membership Type: *Circle* |
|  | Junior:  \_\_\_\_\_\_  Adult:  19-25  26-45  46+ | Email: | Name:  Relation:  Number: |  | Adult (Over 18) - £50 Day  £80 Day and 1 year membership  Junior (Age -17) - £30  £50 Day and 1 year membership |
| Address: |
| Name:  Relation:  Number: |
| Gender: |
| Phone: |
| Name | Age  *Write or circle* | Contact Details  *(If different to Member 1)* | Emergency Contact  *(If different to Member 1)* | Medical  Care / additional support needs: | Membership Type: *Circle* |
|  | Junior:  \_\_\_\_\_\_  Adult:  19-25  26-45  46+ | Email: | Name:  Relation:  Number: |  | Adult (Over 18) - £50 Day  £80 Day and 1 year membership  Junior (Age -17) - £30  £50 Day and 1 year membership |
| Address: |
| Name:  Relation:  Number: |
| Gender: |
| Phone: |