

# Ribble Canoe Club Membership Application 2018

## \*New Members Only

Please note: Existing members should print the renewal they have had emailed or contact the membership secretary [membership@ribblecanooclub.org.uk](mailto:membership@ribblecanooclub.org.uk)



All members are subject to the regulations of Ribble Canoe Club's constitution. By completing and submitting this membership application, you accept to abide to our constitution, policies and codes of practices that the Club has adopted as rules rather than guidelines. Digital copies of our constitution and other supporting documents can be found on our website, [www.ribblecanooclub.org.uk](http://www.ribblecanooclub.org.uk)

### About You

First Name :		Second Name:	
Under 18 (Include DOB) <input type="checkbox"/> DOB: / /	19-25 (Include DOB) <input type="checkbox"/> DOB: / /	26-45 (Include DOB) <input type="checkbox"/> DOB: / /	46+ (Include DOB) <input type="checkbox"/> DOB: / /
Home Tel No:		Mobile Tel No:	
Email:			
Address:		Post Code:	

### Getting To Know You

<p>Please tick box to confirm that all people listed on this form are water confident and they can swim 25m wearing a buoyancy aid. <input type="checkbox"/></p> <p>If you or anyone else listed on this form cannot swim 25 metres due to a disability, please email our Disability Officer <a href="mailto:disabilityofficer@ribblecanooclub.org.uk">disabilityofficer@ribblecanooclub.org.uk</a></p>																								
<p><b>Your health</b></p> <p>Do you have any health conditions now or have you had any within the past 5 years? <input type="checkbox"/></p> <p>Do you know of any medical reason you should not take part in Paddle-sport activities? <input type="checkbox"/></p> <p><b>If you have answered 'YES' to any of the health questions above, we strongly recommend that you check with your doctor to ensure that you are fit to participate in paddle sport activities.</b></p>																								
<p>Previous Participation - Please tick areas you participate in:</p> <table style="width:100%; text-align:center;"> <tr> <td>General Recreation <input type="checkbox"/></td> <td>White Water Kayaking <input type="checkbox"/></td> <td>Open Canoeing <input type="checkbox"/></td> <td>Stand Up Paddle boarding <input type="checkbox"/></td> </tr> <tr> <td>Sea Kayaking <input type="checkbox"/></td> <td>Competitive paddling <input type="checkbox"/></td> <td colspan="2">Which Discipline: <input type="checkbox"/></td> </tr> </table>					General Recreation <input type="checkbox"/>	White Water Kayaking <input type="checkbox"/>	Open Canoeing <input type="checkbox"/>	Stand Up Paddle boarding <input type="checkbox"/>	Sea Kayaking <input type="checkbox"/>	Competitive paddling <input type="checkbox"/>	Which Discipline: <input type="checkbox"/>													
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<p><b>Do you hold any British Canoeing Awards?</b></p> <table border="1" style="width:100%; text-align:center;"> <thead> <tr> <th></th> <th>Kayak</th> <th>Sea</th> <th>Open Canoe</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Star Awards</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Coaching</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Kayak	Sea	Open Canoe	Other	Star Awards					Coaching					Other				
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<p>Do you hold a British Canoeing Membership? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>BC Membership Number: _____ Expiry Date: _____</p>																								

### Your Membership

Full Adult Member (£25)  Junior (£10)  Affiliated (£50)

Please enter details

**Additional Family Member(s) £5**  If you are the second or subsequent member of the same household of a full adult member you will qualify for the £5 Family Member rate.

Please tell us whose adult membership you are being linked to.

Name: \_\_\_\_\_ Membership No (If Known): \_\_\_\_\_

**There is also a £5 joining fee for each member (i.e. Adult £25+ £5 joining fee = £30. Each additional Family Member £5 +£5 joining fee = £10)**

Amount Paid:

**DECLARATION**

I confirm that I have read and agree to the terms of club constitution and agree to abide by all club policies and code of conduct. **Please Tick**

Please tick the box to confirm that you are aware of, and have read the RCC Risk Assessments. These can be found online at [www.ribblecanoecub.org.uk](http://www.ribblecanoecub.org.uk) **Please Tick**

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. **Please Tick**   
If you or anyone else listed on this form cannot swim 25 metres due to a disability, please email our Disability Officer [disabilityofficer@ribblecanoecub.org.uk](mailto:disabilityofficer@ribblecanoecub.org.uk)

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 Club Coach, their Assistant or approved person at Club organised events. **Please Tick**

I confirm that no person listed on this application renewal has a disability or medical condition that may affect their ability to participate in paddle sport activities. **Please Tick**  **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 attached. **Please Tick**

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.

Please tick the box to confirm you are aware that Ribble Canoe Club will use your details to communicate Official Club Notices. For example, Membership renewal forms, AGM Notices, Policy changes, Nominations for committee positions; **Please Tick**

Please tick whether would like to receive via email information regarding courses, trips and other activities. **Please Tick either** YES  **or** **Please Tick** NO

Please tick the box to confirm you are aware that Ribble Canoe Club may have to pass some information to British Canoeing and Sport England for participation monitoring.

We will not pass over data where these bodies will be able to identify yourself or market/advertise to you. **Please Tick**

Sign here:

Sign here:

(Parent/Guardian if applicant under 18)

Date:

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.

**Please Note** – By official Ribble Canoe Club coaches/officials being 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.

**Are you happy for us to pass your details onto Club coaches/officials if applicable?**

Yes  No Thank You

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

**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 :-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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@riiblecanoecub.org.uk](mailto:disabilityofficer@riiblecanoecub.org.uk).