

**HAYLE CANOE CLUB**

**MEMBERSHIP FORM APRIL 2009 – MARCH 2010**

Dear Member

Membership renewal is here again. To continue to benefit from the many club activities, equipment hire, discounts, training sessions, regular newsletter and all round paddling fun, please complete in full the form below and overleaf before signing and returning it together with membership and insurance fees.

The club is keen to involve as many members as possible both in organisation and ideas for future events. Watch the newsletter, which can be found on the club website [www.haylecanoecub.co.uk](http://www.haylecanoecub.co.uk). A copy will be posted to you if you do not have internet access.

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**Family Membership** – Please complete a form fully for **each** person

**Membership Details**

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone no** \_\_\_\_\_ **Mobile no** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

**Emergency Contact No** \_\_\_\_\_

**Membership Type** \_\_\_\_\_

**Awards** \_\_\_\_\_

**BCU no. and renewal date** \_\_\_\_\_

**Canoe Safety renewal date** \_\_\_\_\_ **First Aid Renewal date** \_\_\_\_\_

*Parental consent for all members under 18 years of age*

I confirm that I am the parent/legal guardian of the above named person. He/She has my consent to take part in club activities, and I accept full responsibility for his/her actions while doing so. I understand that for their personal safety they will be required to follow directions of the instructors at all times.

**Name of parent/guardian** \_\_\_\_\_

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please ensure you complete the health questionnaire overleaf*

## HEALTH AND FITNESS QUESTIONNAIRE

By answering the following questions you will help club members to give assistance if required. **YES** answers will not place a restriction on your activities with the club.

**Please circle YES or NO as applicable**

1 Do you suffer from any health problems that are aggravated by exercise or exposure to the cold? YES NO

If YES please give details.....  
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2 Do you suffer form diabetes? YES NO

If YES is it controlled by medication? YES NO

3 Do you suffer from any of the following?

Asthma YES NO

Any heart condition YES NO

If YES please give details.....  
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4 Do you suffer from any persistent injury including problems with your joints or back? YES NO

If YES please give details.....  
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5 Do you suffer from hearing or sight impairment? YES NO  
(excluding normal use of spectacles)

If YES please give details.....  
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**Please inform the coach or lead paddler of your group if you are carrying medication ie. Inhalers, insulin etc. so that they will be able to help you locate/administer your medication should you require it in an emergency.**