



JUNIOR MEMBERSHIP APPLICATION FORM

Child's Name _____ Date of Birth _____

Parents/ Guardian's Name _____

Address _____

Tel No _____ Mobile _____

Email _____

Alternative Contact Name &
Address _____

Tel No _____ Mobile _____

Relationship to the child _____

Family Doctor _____ Doctor's Tel No _____

Please state any medical condition and/or allergies and details of any medication taken

Please give details of your child's swimming ability

Please give details of any previous paddling experience

- I confirm that my child can swim 50m
- I confirm to the best of my knowledge that my child does **not** suffer from any medical condition other than those stated above.
- Should my child suffer from any other medical conditions, even temporary ones I will inform the coaches.
- This information will be used by adult members of Bideford Canoe Club for the purpose of administration of the Junior section only.

DECLARATION

Name.....

Upon acceptance into membership of Bideford Canoe Club I understand that canoeing is undertaken at my own risk. I confirm that I do not suffer from any disability or medical condition which may render me unfit for strenuous exercise.*

Signed Parent/Guardian..... Date.....

*Should a medical condition exist, this will not necessarily preclude you from membership/participation, but it must be declared. Should you be in any doubt, advice should be sought from your family doctor.

PHOTOGRAPHS

During Canoe Club activities we may take photographs of your child for use in displays, club publicity or on the club web site. Please sign below if you agree to this.

Child's name

I give permission for photos of my child to be used.

Signed
