

PADDLEPLUS ADULT/UNWAGED MEMBERSHIP FORM

- Adult membership fee is £30
Please enclose payment with membership form
- Please ensure you have **read the PaddlePlus handbook** which contains important information

NAME
ADDRESS
POST CODE
TEL NUMBER
MOBILE
E MAIL

Please tick the boxes below which are relevant to you

I am a BCU member	<input type="checkbox"/>
I can swim 25 metres confidently	<input type="checkbox"/>
I hold 1 Star	<input type="checkbox"/>
I hold 2 Star	<input type="checkbox"/>
I hold 3 Star	<input type="checkbox"/>
I hold 4 Star	<input type="checkbox"/>
Passed Canoe Safety Test	<input type="checkbox"/>
Passed White Water Safety Test	<input type="checkbox"/>
Hold current 1 st Aid Certificate	<input type="checkbox"/>

If you hold any current coaching qualifications please list them below

Please give details below of any medical condition that we should be aware of

Are you taking any medication ? (please give details and dosage)

Name and Telephone number of Doctor

--

Name and Telephone number of person you wish us to use as contact

--

DECLARATION:

I have read the PaddlePlus handbook. Upon acceptance to PaddlePlus I understand that activities in Which I undertake are at my own risk. I confirm that I do not suffer from any medical condition that May render me unfit for strenuous exercise (if a medical condition exists it will not preclude me from me From membership/participation, but I must declare it above and consult a doctor if in any doubt.

Signature of member Date