

PADDLEPLUS FAMILY MEMBERSHIP FORM

- Family membership fees are £50 Please enclose payment with membership form
- Your signature overleaf acts as consent for the juniors named to take part in club activities.
- Please ensure that each family member has **read the PaddlePlus Handbook** which contains important information
- **£5 discount is available for members of the BCU**

NAMES OF FAMILY MEMBERS (Inc dates of birth for under 18's)

1	
2	
3	DofB
4	DofB
5	DofB

ADDRESS (Including Post Code)

CONTACT TELEPHONE NUMBER

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CONTACT MOBILE NUMBER

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E MAIL ADDRESS (include any for family members overleaf)

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PLEASE TICK RELEVANT BOXES FOR EACH MEMBER OF FAMILY (Use same numbers as listed above)

	1	2	3	4	5
IS A BCU MEMBER (include number)					
Is confident in water					
Hold 1 Star/PaddlePower Passport					
Hold 2 Star/PaddlePower Discover					
Hold 3 Star					
Hold 4 Star					
Attended an FSRT safety course					
Passed White Water Safety Test					
Hold current 1 st Aid Certificate (pass date)					

PLEASE SPECIFY ANY CURRENT COACHING QUALIFICATIONS HELD

(Use same numbers as listed above)

1	
2	
3	
4	
5	

DECLARATION: We have all read the PaddlePlus Handbook.
 Upon acceptance to PaddlePlus I understand that activities undertaken are at our own risk. I confirm that we do not suffer from any medical conditions that may render us unfit for strenuous exercise (if a medical condition exists it will not preclude us from membership/ participation, but I must declare it to PaddlePlus and consult a doctor if in any doubt)

Signature Date
 Please complete the consent form overleaf for all under 18 year olds

PADDLEPLUS PARENTAL CONSENT FORM

NAME OF CHILD
ADDRESS
POST CODE
DATE OF BIRTH
NEXT OF KIN

NAME OF PARENT/GUARDIAN
ADDRESS (If not as above)
POST CODE
DAYTIME TELEPHONE NUMBER
EVENING TELEPHONE NUMBER

DETAILS OF MEDICAL CONDITION/S (Allergies, asthma, diabetes, AD/HD etc)
DETAILS OF ANY MEDICATION BEING TAKEN (INC DOSAGE)
ANY FURTHER INFORMATION WE NEED TO KNOW TO ENABLE US TO COACH YOUR CHILD SAFELY
NAME OF DOCTOR
TEL NUMBER OF DOCTOR

- I have read the PaddlePlus Members handbook and agree to my child taking part in activities
- I consent to my child receiving any 1st aid which may be required and any medical treatment which, in the opinion of a medical practitioner may be necessary
- I confirm that my child is not subject to any court order prohibiting publication of their image
- I consent to my child travelling by minibus or vehicle driven by a club coach or any other parent attending, to and from any event in which the club is participating
- I agree to be at a pick-up/drop off point at an agreed time if deemed necessary during any activities
- I understand that the club or organisers accept no responsibility for loss, damage or injury caused by or during attendance

Signature of Parent/Guardian Date