

EAGLE CANOE CLUB

APPLICATION FOR MEMBERSHIP

2015 / 2016

PLEASE USE BLOCK CAPITALS

Existing Member:
YES / NO
System:
Date:

1. I wish to apply for membership of Norwich Eagle Canoe Club Limited.

Title:	Forename:	Surname:
Address:		Tel no:
Postcode:		Mobile No:
Date of Birth:	E-mail:	

Emergency Contact Details :
Contact Name:
Contact Number:
Relationship to Paddler:

I am able to swim a minimum of 25 metres fully clothed. I have read and understood rules of the club and I agree to be bound by them. I have also read the club's Child and Vulnerable Adult Protection Policy and have signed the disclosure (if an adult member) and the Code of Conduct. The details given on this form are correct to the best of my knowledge and I will keep the club informed immediately of any changes. I accept that information given on this form will be kept on computer and used for club purposes only (the Data Protection Act applies). I do not object to photography / filming taking place during club activities for use on the Club's web site and publicity. I understand that my liability is limited to £1 in the event of the Norwich Eagle Canoe Club Limited being wound up.

I accept that all communication from the club can come to me by electronic means.*

Signed: Date:

Note: Applicants under the age of eighteen years must also have the consent section 4 overleaf signed by one of their parents or an adult with parental responsibility.

* Delete as appropriate

2. Category of membership applied for

(Please see attached sheet about membership fees and circle the box below which apply to you)

Adult 18+ New Member		Adult 18+ New Member Unemployed/ Low Income	*	Youth 18 and under New Member	
Adult 18+ Existing Member		Adult 18+ Existing Member Unemployed/ Low Income	*	Youth 18 and under Existing Member	
Volunteer Member		Family		Coach	

(* Please bring your Benefit Form, etc.) Form Seen ☐

Are you are a member of the BCU? No ☐ Yes ☐

Membership number Expiry date

EAGLE CANOE CLUB

3. Payment (Cheques are payable to 'Norwich Eagle Canoe Club Limited.')	
Initial registration fee (New Members Only- Youth £5, Adult £10)	£
Membership fee	£
*Insurance (£3 Adult £2 Youth- if you are not a member of the BCU).	£
Courses booked at time of enrolment.	£
Total payment submitted with this application	£ _____

Payment must be made with this application.

Office use only: Total fee received £ Date received..... by CASH/CHEQUE

Norwich Eagle Canoe Club Limited is affiliated to the British Canoeing (000141/A) and operates to the standards/guidelines required by Norfolk County Council and relevant National Governing bodies.

4. PARENT / GUARDIAN CONSENT

Members Name : _____

This consent form must be completed for all club members under the age of eighteen years by one of their parents or by an adult with parental responsibility. The consent will be valid for all club nights, one-day club meetings, trips and events during the year as advertised in the published programme and refers only to the young person named above. A separate consent form will be required for each overnight activity. Please read the following and sign below.

Consent:

- I have read and have a copy of the club's Child and Vulnerable Adult Protection Policy.
- I confirm that I have parental responsibility for the young person named above and that all details given on this form are correct to the best of my knowledge.
- I agree that he/she can become a member of the Norwich Eagle Canoe Club Limited and that he/she shall be subject to the authority, guidance and discipline of the coach in charge of any event or meeting.
- I do not object to photography / filming taking place during club activities for use on the Club's web site and publicity
- If he/she is having any medical treatment at the time of any club activities, I agree to give relevant details to the coach in charge.
- In the event of illness or accident requiring emergency hospital treatment, I authorise the coach in charge to sign on my behalf any written consent required by the hospital authorities if the delay required to obtain my own signature is considered inadvisable by the doctor concerned.

Signed:

Date:

Parent / guardian - please print name:

Address: (If different to above)

Postcode :