

ADULT membership form

Please complete one form per person

Name.....Phone.....

Address.....

Email.....@.....

Please tick one of the following boxes;-

Age 19-45 Age 45+

Emergency Contact Details (A NON-PADDLER please!)

Name.....Phone.....

I am aware that participation in paddle sport carries a risk to personal safety.

- I consent to emergency medical treatment arising from any incident, including the administration of an anaesthetic if required.
- I do not suffer from any medical condition relevant to safety while engaging in paddle sports. (Note please consult your GP if in any doubt about the relevance of any condition.) I will inform leaders or members of the group of any relevant conditions.
- I confirm that I can swim 50m in light clothing.
- I consent to publicity photos that include me being published as the Committee deems appropriate. (This may include display on the TCC web site)

I consent to my personal details as recorded above being stored on computer or on any other medium to be used for Totnes Canoe Club business only. (Your rights under the Data Protection Act are not affected.) By supplying an e-mail address you will be included on the Club email mailing list to be notified of Club Trips, Peer Trips and club events. The Club email list will only be used by Club Committee Officers for the purposes of informing members of paddling activities. You can request for your details to be removed at any time.

I wish to take part in organised paddling activities (Kayak and/or Canoe) and I agree to abide by the rules and regulations of Totnes Canoe Club.

BCU Membership no (If applicable):.....

Signed.....Date.....