| wycc_logo_2005West Yorkshire Canoe ClubMembership Application 2017/18 |
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| Applicant Information | | | | | | |
| Name: | | | | Gender: M / F | Date of birth: | |
| Email: | | | | | Phone: | |
| Current address: | | | | | | |
| City: | County: | | | | Post Code: | |
| Membership Type: Family £30.00 Single £20.00 (delete as necessary) | | | | | BC Membership  No: | |
| If “Family”, please state the name of the person under which the family is to be listed: | | | | | | |
| Qualifications and Experience | | | | | | |
| Can you swim 50m unaided? | Yes / No | | | | | |
| **Qualification/Training** | **Award (state highest award)** | | | | **Award Date** | |
| Star Award |  | | | |  | |
| Coaching and Leadership |  | | | |  | |
| DBS |  | | | |  | |
| Safeguarding |  | | | |  | |
| First Aid |  | | | |  | |
| Rescue (eg FRST, WWS & Rescue) |  | | | |  | |
| Event Safety Management |  | | | |  | |
| Other relevant (eg CPD) |  | | | |  | |
| Declaration | | | | | | |
| Upon acceptance into membership of West Yorkshire Canoe Club I understand that canoeing is an ‘assumed risk’, ‘water contact sport’ that may carry attendant risks.  I am aware of and understand these risks and take responsibility for my own actions and involvement.  The West Yorkshire Canoe Club operates within British Canoeing policies and guidelines and I agree to adhere to these guidelines.  I confirm I do not suffer from any disability or medical condition that may render me unfit for strenuous activity including water sports. (OR please provide details of any such disability or medical condition).  Should a disability or medical condition exist, this will not preclude you from membership / participation, but it must be declared in the space below. If you are in doubt, advice should be sought from your family doctor. | | | | | | |
| **Existing Medical Conditions**: | | | | | | |
| Signed:  (parent/guardian if under 18)  Relationship to applicant: | | | | | | |
| **Inclusivity:**  Do you consider yourself to have a health issue, long term illness, disability or impairment that limits your daily activity? | | | | | Yes / No | |
| Media Publication | | | | | | |
| **Data Protection Act 1998**  WYCC may wish to take photographs or produce videos recordings of our members when taking part in club activities.  These images may appear on social media or our club website.  To comply with the Data Protection Act 1998, we need your permission before such images are published. | | | | | | |
| Consent: Yes / No | Signed:  (parent/guardian if under 18) | | | | Relationship to applicant (U18): | |
| Payment | | | | | | |
| ***Please remember to include reference to the name/family of the member(s) if paying by Bank Transfer or Cheque*** | | | | | | |
| Bank Transfer:Sort Code 05-09-64 Account No 12288379  In person: Cash or cheque (made payable to “West Yorkshire Canoe Club”). | | | | | | |
| Completed Forms to be returned to the membership secretary or a member of the Committee. | | | | | | |
| Post: | | Liz Tobitt  3 Black Myres Drive  Queensbury  West Yorkshire  BD13 2FR | | | | |
| Email: | | club.secretary@westyorkshirecanoeclub.com | | | | |
| In person: | | At any of the club sessions. | | | | |
| Emergency Contact Details | | | | | | |
| Applicable to all Club Members  In order that we have an up to date record of all members emergency contact details and consent whilst undertaking club activities, please complete and submit the attached British Canoeing Paddlesport Consent Form (T4). | | | | | | |
| Official use | | | | | | |
| I am a full member of the club and propose the above as a suitable member of West Yorkshire Canoe Club | | | | | | |
| Committee Member Signature:  Print Name: | | | | | | Date |
| Membership form completed  T4 Form completed  Payment received | | | Yes / No  Yes / No  Yes / No | | | |