

Chairperson : Liz Loader

Vice Chair: Sian Norris

Treasurer : Andrew Leggett

Club Secretary : Bill Norris

Membership Secretary : Giles Frankling

Please Return Completed Forms to:

Shropshire PaddleSport

FAO: Membership Secretary

Giles Frankling

Sport England Club Mark

BCU Top Community Club

**APPLICATION FOR MEMBERSHIP 2018**

**MEMBERSHIP CLASSIFICATION & FEES** (1st May to 30th April)

**FAMILY MEMBER:** £90 for two adults and unlimited under 21

**SINGLE PARENT FAMILY MEMBER** £65 for single parent and unlimited under 21

**INDIVIDUAL MEMBER:**   £50 for 21 and over

**STUDENT MEMBER (SUMMER):**  £10 age 16 to 21

**PLUS** (for all members) £1.00 per session attendance fee, which includes use of equipment

Please complete **ALL** Boxes in **BLOCK CAPITALS**

Completed application form to be returned to the Membership Co-ordinator (top of page)

**I apply to join Shropshire Paddlesport Club in the classification indicated and at the fee shown above.**

**1.** **MAIN APPLICANT** (Family and affiliate applicants to complete next page(s))

|  |  |
| --- | --- |
| FIRST NAME: | SURNAME: |
| ADDRESS: | |
| TOWN:       COUNTY: | |
| D.O.B: | POSTCODE: |
| TEL (Home): | MOBILE: |
| E-MAIL | |
| **An e-mail address is essential if you wish to receive regular communications from the Club** | |
| BRITISH CANOEING MEMBERSHIP NUMBER (if applicable): | |

|  |  |  |
| --- | --- | --- |
| RELEVANT PADDLING QUALIFICATIONS: | Please list any relevant qualifications | |
| EMERGENCY TEL NO: | |  |
| EMERGENCY CONTACT NAME: | |  |
| MEDICAL CONDITIONS: | |  |
| DISABILITIES: | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| AGE GROUP (please tick) | | 14 -18 | 19 - 25 | 26 - 45 | 46 plus |
|  | OCCUPATION: | | | | |
|  | NAME of SCHOOL/UNIVERSITY etc: | | | | |

Upon acceptance of membership of Shropshire Paddlesport Club

* I agree to act in accordance with the constitution and at all times in such a manner as to preserve the goodwill of others toward the sport of canoeing.
* I understand that “Canoeing and Kayaking are ‘Assumed Risk’ – ‘Water Contact Sports’”
* I take part in the Club’s activities at my own risk.
* I will contribute towards the organization of, or activities of, the Club
* I consent to personal data as it pertains to membership and canoeing proficiency and qualifications being held on computer.
* I have read the following policies and agree to observe them at all times:
  + Code of Conduct
  + Child Protection and Harassment Policy
* I consent to photographic images, and images of those on whose behalf I am signing this form, being use in proper bona fide club publicity and presentations as provided for in the above policy.
* The Club is a Company Limited by Guarantee. Therefore, each member promises, that in the event of the Club being dissolved to contribute up to £1 towards payment of any debt or liability arising.

I confirm that I have informed the Club in writing of any disability or medical condition which affects me, and understand that this information will be passed on, in confidence, to selected committee members and coaches in order to minimise the risk to myself and other Club members. Also, I undertake to inform the Club if I subsequently develop any medical condition or disability, and I understand my responsibility to ensure that any medical information held by the Club is kept up to date.

SIGNED (Member) : DATE:

*FOR YOUTH MEMBERS (UNDER 18) A PARENT’S/GUARDIAN’S SIGNATURE IS REQUIRED BELOW*

SIGNED (Parent): DATE:

(Carer) (Guardian)

**PAYMENT:**

**Please indicate payment method**

* **Cheques payable to SHROPSHIRE PADDLESPORT CLUB or**
* **BACS TRANSFER TO: SHROPSHIRE PADDLESPORT CLUB**

**Sort Code: 40 – 35 – 32**

**Account No: 51531468**

Canoeing and Kayaking are “Assumed Risk” water contact sports

The Shed, Queen’s Head, Shropshire

**FAMILY MEMBERS:** Please complete **ALL** Boxes

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2.** FIRST NAME: | |  | | | SURNAME: | | |
| TEL (Home): | |  | | | MOBILE: | | |
| E-MAIL | | | | | | | |
| BRITISH CANOE UNION MEMBERSHIP NUMBER (if applicable): | | | | | | | |
| EMERGENCY TEL NO: | | |  | | | EMERGENCY CONTACT NAME: | |
| MEDICAL CONDITIONS: | | |  | | | DISABILITIES: | |
| DATE OF BIRTH: | | |  | | | AGE GROUP (please tick) | |
| 13 & Under | 14 to 18 | 19 to 25 | | 26 to 45 | | | 46 plus |
| STATE OCCUPATION or NAME of SCHOOL/UNIVERSITY etc: | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **3.** FIRST NAME: | |  | | | SURNAME: | | |
| TEL (Home): | |  | | | MOBILE: | | |
| E-MAIL | | | | | | | |
| BRITISH CANOE UNION MEMBERSHIP NUMBER (if applicable): | | | | | | | |
| EMERGENCY TEL NO: | | |  | | | EMERGENCY CONTACT NAME: | |
| MEDICAL CONDITIONS: | | |  | | | DISABILITIES: | |
| DATE OF BIRTH: | | |  | | | AGE GROUP (please tick) | |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **4.** FIRST NAME: | |  | | | SURNAME: | | |
| TEL (Home): | |  | | | MOBILE: | | |
| E-MAIL | | | | | | | |
| BRITISH CANOE UNION MEMBERSHIP NUMBER (if applicable): | | | | | | | |
| EMERGENCY TEL NO: | | |  | | | EMERGENCY CONTACT NAME: | |
| MEDICAL CONDITIONS: | | |  | | | DISABILITIES: | |
| DATE OF BIRTH: | | |  | | | AGE GROUP (please tick) | |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **5.** FIRST NAME: | |  | | | SURNAME: | | |
| TEL (Home): | |  | | | MOBILE: | | |
| E-MAIL | | | | | | | |
| BRITISH CANOE UNION MEMBERSHIP NUMBER (if applicable): | | | | | | | |
| EMERGENCY TEL NO: | | |  | | | EMERGENCY CONTACT NAME: | |
| MEDICAL CONDITIONS: | | |  | | | DISABILITIES: | |
| DATE OF BIRTH: | | |  | | | AGE GROUP (please tick) | |
| 13 & Under | 14 to 18 | 19 to 25 | | 26 to 45 | | | 46 plus |
| STATE OCCUPATION or NAME of SCHOOL/UNIVERSITY etc: | | | | | | | |

**Please ask for another form, should there be more than 5 members in total**