



Application for Junior Membership

www.wokinghamcanoecub.co.uk

Your details will be stored on a database for use by Wokingham Canoe Club and Wokingham Waterside Centre only. Your information will not be passed onto any other party.

1. Personal details - please complete in capital letters

Full Name Date of birth

Parent/Carers Name Home Tel.
Mobile Tel.

Address
Postcode

Parent's E Mail address

We will use this address to contact you with information about the club. Please allow emails from **www.wccmem-2009@yahoo.co.uk** If you **do not** wish to be contacted via E mail please tick this box .

2. What are you paddling interests? Please tick all that apply

Open Canoe Kayak Slalom Racing Dragon Boating

White Water Do you hold any BCU Paddlepower or Star Awards? **yes** **no**

If yes, please give details

3. Membership - Our membership year runs from 1st February to 31st January. A reduced subscription applies when joining during the winter months.

Please tick appropriate box unless you are applying for Family membership, in which case leave blank and skip to section 4.

If you are applying to join at any time between **1st February & 30th September** please pay £28.00.

If you are applying to join at any time between **1st October & 31st January** Please pay £9.50

Please make cheques payable to 'Wokingham Canoe Club' and return with this form to: **The Membership Secretary, Hilary Pearson, 8 Commons Road, Wokingham, RG41 1JG**

07/10

4. Declaration - to be signed by the applicant

I agree to abide by the rules and policies of Wokingham Canoe Club, Wokingham Waterside Centre and the British Canoe Union. (Copies are available on our website and notice board). I have received a copy of and agree to behave in accordance with the BCU Junior Code of Conduct. I am able to swim a minimum of 50 metres in normal canoe clothing and will wear a buoyancy aid whenever I am on or near the water.

Signature of Applicant

5. Medical information and Declaration - to be completed by parent/carer of the applicant

If the applicant suffers from any visual or hearing impairment, physical or learning disability which could affect their ability to paddle safely, it must be disclosed on this form. Please also give details of any medical condition or allergies.

This information will be passed only to your child's Coach(es) and /or other adult volunteers.

I consent to my child receiving medical treatment by a qualified medical practitioner, if deemed necessary.

Medical / disability information

My child agrees to abide by the rules and policies of Wokingham Canoe Club, Wokingham Waterside Centre and the British Canoe Union. He/she is able to swim a minimum of 50 metres in normal canoe clothing. He/she will wear a buoyancy aid whenever he/she is on or near the water. He/she understand that canoeing can be hazardous and both I and my child have had the risks explained to me.

**Signature of parent/
carer**

Date

I consent to my child becoming a member of Wokingham Canoe Club.

6. Ethnicity - As we want to ensure that we are reaching all members of our local community, would you kindly complete the following to identify your ethnic group/background.

A. White

British

Irish

Other

B. Mixed

White/Black Caribbean

White/Black African

White/ Asian

C. Asian

Indian

Pakistani

Bangladeshi

Other

D. Black

Caribbean

African

Other

E. Other

If your ethnic group is not described above, please enter it here.