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| --- | --- |
| **Name:** | **Male 🗆 Female 🗆**  |
| **Address and Postcode** |  |
| **Contact Phone Number**  |  |
| **Email Address** |  |
| **Date of Birth\***  |  |
| **Do you have a long-term illness, health problem or impairment that limits daily activity? \****NB This does not prevent you participating* | ***Yes 🗆 No 🗆***  |
| **Swimming ability, please tick** | *Non-swimmer* ***🗆****Under 25m* ***🗆****Under 50m* ***🗆****Over 50m* ***🗆*** |
| **Are you a member of Teddington Watersports Centre (TWC)?** | ***Yes 🗆 No 🗆***  |
| **Do you hold any lifesaving awards?****If YES, please state** | ***Yes 🗆 No 🗆***  |
| **Are you a member of the British Canoe Union (BCU)?** **If YES, what is your membership number?** | ***Yes 🗆 No 🗆***  |

**\*Required for audit purposes for Sport England**

**Declaration:**

* I am confident in the water.
* I take responsibility for ensuring that I am dressed adequately for the conditions and agree that I will not wear anything (including personal accessories, equipment or jewellery) which may impede my ability to escape from a capsized boat or swim unaided once in the water. I accept the risks of immersion into cold water should the boat capsize. *Advice is available from the Club.*
* I agree to abide by the Rules and Policies of the Canoe Club. I shall keep myself acquainted with the Outrigger Safety Policies.
* I undertake to provide the Club with details of a disability or medical condition which may affect my participation in Club activities, e.g. epilepsy, asthma, diabetes, heart problems, injury or allergies. I also undertake to inform the Club if subsequently I develop any medical condition or disability which may affect my taking part in Club activities. I understand that this information will be passed on in confidence to selected coaches/committee members in order to minimise any risk to myself or others.
* I am over 18.
* I give permission for photos of myself to be displayed on the Club’s website or in other media the Club produces.

**Outrigger Membership Fees:**  **£50** from1st April – 31st March annually

**🗆** I have paid by cash

🗆 I have paid by cheque (payable to The Outrigger Canoe Club)

🗆 I have paid by bank transfer (The Outrigger Canoe Club; 40 11 60 Account number 30537217)

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| --- | --- | --- | --- |
| **Signed** |  | **Date**  |  |

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| **Please provide details of current injuries/allergies/health problems/disabilities that you feel the Club, Coach or Helm should be aware of:** |

Please return this form (with cash/cheque where applicable) to Ian McNuff, either deliver the form by hand to the club or email ian\_mcnuff@hotmail.com (*if emailing, please rename file to include your name*).