

## FAIRLOP PADDLESPORT

### 2017 Renewal Membership Form

This form is for 2016 members of Fairlop Paddlesport who have a completed 2015 or 2016 Membership Application Form and wish to renew membership for 2017. This form should be completed, signed and returned to the Club membership secretary with the appropriate fess before any watersports can be undertaken. Information supplied will only be used for the safe operation of the Club and reporting to the BCU, Canoe England, London Borough of Redbridge or Vision for the purposes of Club affiliation or to obtain funds for the Club's use. If you do not wish your details to be shared with these third parties tick here . Information will not be divulged to any other third party without your prior consent.

**Declaration**

Full Name.....

Upon acceptance into membership of Fairlop Paddlesport, I understand that canoeing is undertaken at my own risk. I confirm that I do not suffer from any disability or medical condition which may render me unfit for strenuous exercise.\* I agree to abide by the rules of the Club and Club Code of Conduct. I agree to pay all membership fees, subscriptions and other activity payments when they are due.

**Additionally, I confirm that my personal details, medical information and Canoeing/Kayaking Qualifications, as detailed in my 2015 or 2016 membership form, remain unchanged.**

Applicants Name..... Applicants Signature.....

*\* Should a medical condition exist, this will not necessarily preclude you from membership /participation, but it must be declared. Should you be in any doubt, advice should be sought from your family doctor.*

### 2017 Renewal Consent and Emergency Form

This form is for 2016 members of Fairlop Paddlesport who have previously completed a Consent and Emergency Form, have renewed their 2017 membership and are confirming that their Consent and Emergency information remain unchanged.

**Declaration**

Full Name.....

**I confirm that I have reviewed my/ my son's/ my daughter's emergency contact information, current medical conditions, medical treatment information and dietary information as detailed in my previous Consent and Emergency Form and that the details remain unchanged.**

- I consent that photographs or video taken by authorised personnel of myself/ my son/ my daughter at organised events may be used to promote Paddlesport and help improve performance. **Yes / No (Please delete as appropriate)**
- I confirm to the best of my knowledge that myself/ my son/ my daughter does not suffer from any medical condition other than those listed on page 2 of my/ my son's / my daughter's Consent and Emergency Form completed in 2015 or 2016.
- I am responsible for completing this form accurately and including all details that might be needed by the person in charge. I am responsible for any errors and omissions to personal information and accept liability for any direct or indirect consequences that might arise from these errors or omissions.
- I consent to my son/ daughter travelling by any form of transport arranged or approved by the organisation and related to the specific activity/ event.
- I confirm that my son/ daughter are not subject to any court order prohibiting publication of their image.

I consent to myself / my child receiving appropriate first aid or in a medical emergency consent to medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.

Please delete as necessary:

a) I give consent to **ANY** medical treatment to be provided in the event of an emergency

b) I give consent for any medical treatment to be provided **EXCLUDING** (Please specify):.....

Signed:..... Relationship to participant (if under 18).....

Please print your name:..... Date:.....