



Registration Form

Activity: _____

(e.g. Membership, Beginner Course, Kayak etc.)

Date: _____

PLEASE PRINT IN CAPITAL LETTERS

Name: _____ Age: _____	
Address: _____	
Telephone: _____	Mob: _____ E-mail: _____
Swimming Ability: (Tick ✓) Non-swimmer: <input type="checkbox"/> Average Ability: <input type="checkbox"/> Strong Swimmer: <input type="checkbox"/>	
Medical Conditions: Do you / your child have any medical conditions that may put you / them at risk when kayaking? In case of medical emergency, do you / they require medication / treatment? <p style="text-align: center;">Yes / No</p> If Yes, please give details below, and fill in your doctor's contact details: Conditions / Medication: _____ Method / Dose (e.g. epi pen, inhaler): _____	Doctor's Contact Details: Name: _____ Tel: _____ An existing medical condition will not necessarily preclude you from membership / participation, but it must be declared. Should you be in any doubt, seek advice from your doctor.
You must inform us about your condition, and ensure they know where to find / and how to use your medication.	
Next of Kin: _____	Relationship: _____
Address: _____	Mobile: _____

Information guides for Kayakers and Guardians are on display on the website, please familiarise yourself with our: **Child Protection Policy, Parent / Guardian Information Leaflet, Safety Policy.**

If you have any questions not covered by these guides, please contact us.

Registration Forms must be completed in full, prior to the activity commencing.



Date: _____

Payment Method:

We accept payment in the form of cash, cheque, bank draft, postal order or direct bank transfer (SEPA). If paying through the SEPA system please clearly state name / reason for transfer to identify your payment.

Medical Emergency:

I consent to myself / a child in my care, receiving appropriate first aid OR medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. *Delete A or B.*

- 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 _____

I understand that kayaking is undertaken at my own risk. I confirm that I do not suffer from any disability or medical condition that may render me unfit for strenuous exercise.

Signed: _____ Name (Print): _____
(Parent / Guardian if under 18)

Space is being made available for members to store two kayaks each, please indicate if you wish to do so below.

**Registration Forms must be completed in full, prior to the activity commencing.
Participants become temporary members of Phoenix Kayak Club for the duration of the activity.**