

# MEMBERSHIP FORM



Personal Information			
Forename	Surname	Date of Birth	BCU No.
Address			
Phone No.	Mobile No.	Email Address	
Emergency Contact Name	Phone No.	Mobile No.	

Type of Membership			
Category	BCU Member		Non-BCU Member
Junior (Individual)	£20		£23
Adult (Individual)	£25		£30
Family	£35		£40

When applying for Family Membership, please complete details of additional people on the back of this form.

Cheques should be made payable to "Bude Canoe Club"

**Official Use Only:** Fee Received

Membership No.  Card Issued

Experience, Qualifications and Awards					
Paddling Experience (yrs)				BCU Personal Awards	Canoe Safety Trng.
BCU Coaching Awards				First Aid	
0	1-2	3-5	6+	Others (please specify)	

Declaration	Known medical condition or medication:
<p>Upon acceptance into membership of Bude Canoe Club, I understand that canoeing is undertaken at my own risk. I confirm that I do not suffer from any disability or medical condition (other than disclosed) that may render me unfit for strenuous exercise**. I agree that those in charge may give permission, on my behalf, to receive medical treatment. I accept and agree to abide by the rules, policies and Constitution of the Club.</p> <p>Signed:..... Date:.....</p> <p><b>Additional for Junior Members</b></p> <p>I agree to my son/daughter travelling in any public transport, minibus or motor vehicle being driven by a Club Coach or other parent attending a Club trip. I agree to be at the pick-up point at the time agreed. I consent to my son/daughter receiving medical treatment if required. I know of no medical condition, apart from those stated above, that may render my son/daughter unfit for canoeing**. I confirm that my son/daughter is not subject to any court order prohibiting the publication of their image.</p> <p>Signed by Parent / guardian (if under 18):..... Date:.....</p> <p>** 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.</p>	



