



Application / Renewal Form

Name:

Address:

Postcode:

Date of Birth:

Contact Numbers

Landline:

Mobile:

Email address:

Emergency Contact Details

Name:

Number:

This contact will only be used in an emergency

Medical Conditions:

BCU Membership No:

BCU Membership Expiry:

Kayaking Experience

BCU Qualifications

Award

Date Achieved

Award

Date Achieved

2 *

3* Surf

FRST

4* Sea

3* Sea

4* W/Water

3* W/Water

4* Surf

Upon acceptance into membership of the Isle of Portland 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 which may render me unfit for strenuous exercise. Should a medical condition exist, this would not necessarily preclude you from membership or participation, but it must be declared. Should you be in any doubt, advice should be sought from your family doctor.

Participants are responsible for themselves. The club accepts no liability for any injury of persons, or loss and damage of property that may occur during club activities.

Personal details provided on this application form will be stored electronically. The signing of this form will be taken as acknowledgement of this and permission to do so. All information provided will be used solely for the running of the Isle of Portland Canoe Club and will not be disclosed to any third party unless necessary for the running of the club or if compelled to by law.

2019 Membership Subscriptions

BCU Member

£20

Signed:

Date:

Non BCU Member

£23

Please return with correct subscription to:

John Christmas, The Stables, 1 Edward Road, Dorchester, Dorset. DT1 2HJ

*Cheques payable to **Isle of Portland Canoe Club.***

BACS Payments: Sort Code 30-99-56 A/C 02013775