

***Basingstoke & Deane Canoe Club
Membership Application Form 2010***



Please note – One form must be completed for each new family member.

Membership Number
(To be completed by a club officer)

Membership Type	Family	Adult	Junior	Concession
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PERSONAL Details	
First Name: Last Name:	
Address:	
Gender: DOB (If under 18):	

CONTACT Details	
Home Phone No: Work Phone No: Mobile No:	Note: Please provide at least one contact phone no.
Personal Email Address:	Note: Only provide a personal email address wherever possible unless your employer is happy for you to receive club email.

Next of KIN	
First Name: Last Name:	
Address:	
Relationship: Contact Phone No:	Note: Where possible please provide a Mobile No.

BCU Details	
BCU Number: Expiry Date: Membership Type:	

CRIMINAL RECORD BUREAU (CRB) Disclosure Details

	Disclosure No:	Date of Issue:
Employment Details Position Applied For: Name of Employer:		
Countersignatory Details Registered Person/Body: Countersignatory:		
BADCC Details Witnessed By: Date Witnessed:		

ETHNICITY

Please select the most appropriate category:

- Prefer not to say
 White: British
 White: Irish
 White: Other White
 Asian
 Black
 Chinese
 Mixed
 Unknown

AGE

Please select the most appropriate category:

- Under 16
 16 to 18
 19 to 30
 31 to 45
 46 to 60
 Over 60

INTEREST

Please select the Paddlesport disciplines that are of INTEREST to you:

- | | |
|--|--|
| <input type="checkbox"/> Canoe Inland Flat
<input type="checkbox"/> Kayak Inland Flat
<input type="checkbox"/> Canoe Inland White Water
<input type="checkbox"/> Kayak Inland White Water | <input type="checkbox"/> Sea
<input type="checkbox"/> Polo
<input type="checkbox"/> Surf
<input type="checkbox"/> PlayBoating |
|--|--|

PERSONAL Awards	Highest Level Achieved	Date Obtained (most up-to date)
BCU Star Awards <input type="checkbox"/> Sea <input type="checkbox"/> Polo <input type="checkbox"/> Surf <input type="checkbox"/> Canoe <input type="checkbox"/> Kayak <input type="checkbox"/> Play Boating		
BCU Safety Awards <input type="checkbox"/> CST <input type="checkbox"/> WWSR <input type="checkbox"/> Pool Endorsement	N/a N/a N/a	
First Aid <input type="checkbox"/> Aquatic First Aid <input type="checkbox"/> First Aid at Work <input type="checkbox"/> Other <input type="checkbox"/> Unknown	N/a N/a N/a N/a	

COACHING Awards	Highest Level Achieved	Date Obtained (most up-to date)
Coaching <input type="checkbox"/> Sea <input type="checkbox"/> Canoe <input type="checkbox"/> Kayak <input type="checkbox"/> Assessor <input type="checkbox"/> Re-validation (e.g. Update Forum)	REVA	

Important Note: Especially for Coaches and Group Leaders

Details of all Coaching Qualifications, First Aid Training and CRB Disclosures will only be held on the BADCC Database IF:-

- The original certificate(s) have been seen by another BADCC Coach,
- A photocopy of the original certificate has been produced for club records, (On which the BADCC coach has initialized and dated stamped the photocopy, to show that the original has been witnessed.)
- The photocopies have been passed to the Membership Secretary.

Also where the Date Obtained has not been recorded against your Award, it will be assumed that it was gained prior to Sept 2007.

Number of Photocopies attached to this Membership Form:

Medical Conditions

Do you have any medical conditions that may affect your paddling ability? (Yes/No)

E.g. Asthma/ Diabetes/ Epilepsy

«medicalCondition»

If you have any relevant medical conditions or are taking any medications it is essential that you make the coach or group leader of any BADCC trip aware of your condition prior to taking part in any paddlesport activity.

Declaration

I agree to abide by the Constitution of the Club and by the Club's Code of Conduct (copies available on www.badpaddlers.org or on request).

I agree to abide by the Club's access policy while on Club trips.

I understand that the Club or Organisers accept no responsibility for loss, damage or injury caused by or during attendance on any of the Club's organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the Club or the Organisers.

Data Protection 1998: I agree that the information on this form may be held on computer and may be used in the administration of the Club. I agree that my/our contact details may be used in Club publications by prior agreement.

Signed:

Date:

I have had the activities of the Club explained and agree to my son/daughter taking part in these Activities.

Countersigned (parent or guardian if member under 18 years old):

Signed:

Date:

Subscription Fees

Membership Type	Cost	Tick Type Required	Please return your membership form together with a cheque payable to "Basingstoke & Deane Canoe Club" to : BADCC Membership Secretary Mrs Alison Casebow Keswick House Bury Road Basingstoke Hants RG23 8EE
Family: (2 adults + any children)	£45		
Adult:	£30		
Junior: (under 18 @ 31 st Dec 09)	£15		
Concession: (OAP, unemployed, full time student)	£15		

Official Club Use Only

Payment Method:

Payment Amount:

Received By:

Date Received:

