



Hastings and District Canoe Club Membership form

BLOCK CAPITALS

| Personal Details: |
|--|
| Name: |
| Gender: |
| Date of Birth: |
| Address: |
| |
| |
| Postcode: |
| Tel (h): |
| Tel (w): |
| Tel (m): |
| E-mail: |
| British Canoeing membership number: |
| Medical/ Injury Details: Detail any medical conditions/ allergies that we should be aware of: |
| Details of medication that must be administered: |
| Past or current injuries that we should be aware of: |
| These details may need to be passed onto the coach or competent paddler in charge. |
| Emergency Contacts: Name: |
| Relationship: |
| Tel (m): |
| Tel (h): |
| Tel (w): |





| Manufacture E | | |
|---|-------------------------|--|
| Membership Fees Member: | : Fee: | Please tick: |
| Adult | £70 | Flease tick. |
| Students | £70 | |
| Child | £35 | |
| Social | £35 | |
| Non Bcu Adult | £15 | |
| Child | £4 | |
| Boat Storage/Hire | £0 | |
| Total | £ | |
| Total | ۷ | |
| Payment by Cash / | | |
| Account nun | nber: | 62181580, |
| Sort Code: Account Nar | ne. | 60-10-15, Hastings & District Canoe Club |
| Account Nai | iic. | Trastings & District Garioe Glub |
| | | ide by the rules and regulations of Hastings & District Canoe nd regulations are available in the clubhouse. |
| | | is for my own safety and that of other paddlers to declare any I will inform the paddler in charge of the session. |
| aware and accepting responsible for you | ng of the r safety i | assumed risk sports. When taking part, you are assumed to be risks associated with these sports. The person mainly s you. If you do not adhere to the club's safety policy, and follow r in charge, you may be putting yourself, or others, at risk. |
| • | | g kept on a computer file to facilitate club administration. Please note vailable to committee members and you can select which details to |
| share with other me | embers v | ia the HDCC website. |
| Your details will be unless you tick her | • | o British Canoeing to activate your Club Associate membership |
| Signed: | | Date: |
| For members und | er 18: | |
| | | |
| | • | block capital): |
| Tel (h): | | if different from above |
| Tel (w): | | |
| Tel (m): | | |

E-mail:

Signed:Date: