Macclesfield & District Canoe Club Membership Application

www.madcc.btck.co.uk



Paddler(s) Details

Please complete one line for each person				BC Membership Number OR	
Name (Please print)	M/F	Date of Birth		BC Affiliation Fee**	
- man (cassas paras)				(Adult £5 or Junior £1.50)	
Enter Membership Fee(s) [see page 2] =>					
Affiliation & Insurance fee <u>must</u> be paid by all <u>non</u> BC members Total Due:					
		'			
Address					
Postcode					
Tel (home)(mobile)					
Email					
Signed		Da	ate		
For members under 18: Parent or Guardian Name (Block capitals)					
Signed		D	ate		

Cheques should be made payable to MADCC

Alternatively if paying by electronic means the account details are;

Barclays Bank, 59 Grove St, Wilmslow, SK9 1ER

Sort Code: 20-53-77 Account: 23977390

Account name: Macclesfield & District Canoe Club

Please Quote: <your name> & membership

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Relationship.....

Emergency Contact Details

Tel (home)
Tel (mobile)
Interests and Previous Experience
Coaching Qualifications and Dates Achieved (including First Aid)
Would you be prepared to be a volunteer helper at our club?
How did you find out about our club?
Please note this information is kept both as a hard copy and on computer, for CLUB USE ONLY, and is protected. If you object to information being kept. Tick here

Please complete the whole form and return with payment <u>and</u> a completed Medical Details & Consent form (Page 3) for each person to:

Nigel Kinge, 7 Manor Way, Sandbach, CW11 2NA

	Membership Fees	
Joining Month	Jan/Feb/Mar/Apr/May/Jun/Jul/Aug/Sept	Oct/Nov/Dec
Each Junior	£15.00	£7.50
Each Senior	£30.00	£15.00
Family	£45.00	£22.50

Membership is valid until the end of March in the **following** year

Please ensure you add the annual British Canoeing and CRT levy for each paddler who is not an individual British Canoeing member

Membership renewal is due April 1st each year, reminders will be sent during March.

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Macclesfield & District Canoe Club - Medical Details and Safety Form

The following information will be used only to ensure the safety of you & other club members. Please complete a separate form for **ALL** members.

Under the Data Protection Act 1998, this information will be used & kept as sensitive information. Please sign to confirm your understanding of this requirement.

Name				
Date of Birth				
Can you swim more than 50m? Yes No				
Junior members may be asked to do a swim test (1 length of the pool?)				
Signed				
It is each canoeists responsibility to ensure that their instructor / coach, is aware of any relevant medical condition which may affect their ability to canoe, or safety.				
Do you have diabetes? Yes / No Do you have epilepsy? Yes / No Do you have asthma? Yes / No Do you suffer from any other condition which you feel we may need to know about? If yes, please give details of the condition, and any assistance you may require.				
Do you have to take any medication during the day? Yes /No If 'yes', please state what the medication is for, and if you need to have it with you, or near you all the time.				
Emergency contact information				
Name of contact				
Consent of parent / guardian if paddler is under 18 years				
I give consent for (child's name)				
I give consent for photographs or video of my child to be used in MADCC publications. [cross out whole line if consent not given]				
SignedDated				

Please return one form per paddler to Membership Secretary