|  |  |  |  |  |  |  |  |  |  |  |
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| **Rugby Canoe Club** | | | | | | | | | | |
| Application for membership | | | | | | | | | | |
| Please indicate which option best describes your gender with options of Man, Woman, Non-binary and In another way. | | | | | | | | | | |
| Gender | | Male / Female / Non-binary/ In another way | | | | | **Class of Membership Required (\*\* Please delete the inappropriate)**  \*\* Full member £62.00  \*\* Youth U18/Student £33.00  \*\* Additional member £16.50 (Youth or Adult)  \*\* Associate Member £16.50 (Ex full member no longer in area)  \*\* Introductory member £11.00  \*\*Introductory U18/Student £5.50 | | | |
| Title | |  | | | | |
| Name | |  | | | | |
| Address | |  | | | | |
|  | |  | | | | |
|  | |  | | | | |
| Post Code | |  | | | | |
| Telephone | |  | | | | | BC membership Number | | |  |
| Mobile | |  | | | | | Can you swim 50m? Y / N \*\* | | |  |
| E-mail | |  | | | | | Allergies that could cause Anaphylactic shock? Y / N \*\* | | | |
| Date of Birth | |  | | | | |  | | | |
| Have you any medical condition that we need to be made aware of, to ensure RCC can offer you a safe & enjoyable paddling experience?  e.g. Autism, Aspergers, ADHD or Diabetes Y / N \*\* | | | | | | | | | | |
| Medical details: | | | | | | | | | | |
| If yes to any of the above you may be contacted in confidence by our Welfare Officer, or alternatively mention the condition to the person at your Induction or Coach when paddling.  (Details noted by: Signed: RCC use only) | | | | | | | | | | |
| **Youth Members Only** | | | | Locoparentis form completed and handed in? Y / N \*\* | | | | | | |
| **Emergency contact details** | | | | | | | | | | |
| Name: | | | | | Relationship to member: | | | | | |
| Home phone: | | | | | | Mobile: | | | | |
| Email: | | | | | | | | | | |
| Additional Family member Details | | | | | | | | | | |
| Gender | Male / Female / Non-binary/ In another way | | | | | | Title: | | Name: | |
| Mobile: | | | Email: | | | | | | | Date of Birth: |
| BC membership Number: | | | | | | | | Can you swim 50m? Y / N \*\* | | |
| Allergies that could cause Anaphylactic shock? Y / N \*\* | | | | | | | | | | |
| Have you any medical condition that we need to be made aware of, to ensure RCC can offer you a safe & enjoyable paddling experience?  e.g. Autism, Aspergers, ADHD or Diabetes Y / N \*\* | | | | | | | | | | |
| Medical details (Optional) | | | | | | | | | | |
| **Emergency contact details** | | | | | | | | | | |
| Name: | | | | | | Relationship to member: | | | | |
| Home phone: | | | | | | Mobile: | | | | |
| Email: | | | | | | | | | | |
| Declaration | | | | | | | | | | |
| I / We apply for membership of Rugby Canoe Club I / We confirm that I/we have read and agree to the Safeguarding Policy and Club Code of Conduct  I / We agree to membership details being held on GDPR compliant computer system  I / We agree to abide by the club Guidelines for use of Photographic & Filming equipment.  I / We acknowledge paddlesport carries a level of risk and accept the club’s Health & Safety policy and related policies in place to mitigate this risk.  We may share your personal data with British Canoeing if you are not already a British Canoeing member. This is to provide insurance for your club activities and to allow them to properly administer the sports on a local, regional and national level. If this is the case British Canoeing will provide you with access to an online portal to administer your details. British Canoeing will contact you to invite you to sign into and update your Go Membership portal. The portal will allow you to set and amend your privacy settings, and to sign up to the member newsletter if desired. You can also request your account is deleted at any time. | | | | | | | | | | Note: The GDPR statement can be found in the Membership Booklet and on the club web site [www.rugbycanoeclub.org.uk/useful\_links.html](http://www.rugbycanoeclub.org.uk/useful_links.html) |
| Signed: | | | | | | | | | | Date: |
| Payment: BACS Sort code: **544100** A/C: **66083605** Include first Initial & Surname in reference box. Cheques payable to ‘**Rugby Canoe Club’**) | | | | | | | | | | |
| I agree to make payment of £ | | | | | | | |  | | --- | | Email completed form to **memberships@rugbycanoeclub.org.uk** | | | | |
|  | | | | | | << RCC Use Only >> Membership number | | | | |

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| **Rugby Canoe Club** | | | | | | | |
| Application for membership | | | | | | | |
| Additional Family member Details | | | | | | | |
| Gender | Male / Female / Non-binary/ In another way | | | Title: | | Name: | |
| Mobile: | | Email: | | | | | Date of Birth: |
| BC membership Number: | | | | | Can you swim 50m? Y / N \*\* | | |
| Allergies that could cause Anaphylactic shock? Y / N \*\* | | | | | | | |
| Have you any medical condition that we need to be made aware of, to ensure RCC can offer you a safe & enjoyable paddling experience?  e.g. Autism, Aspergers, ADHD or Diabetes Y / N \*\* | | | | | | | |
| Medical details (Optional) | | | | | | | |
| **Emergency contact details** | | | | | | | |
| Name: | | | Relationship to member: | | | | |
| Home phone: | | | Mobile: | | | | |
| Email: | | | | | | | |
| **Additional Family member Details** | | | | | | | |
| Gender | Male / Female / Non-binary/ In another way | | | Title: | | Name: | |
| Mobile: | | Email: | | | | | Date of Birth: |
| BC membership Number: | | | | | Can you swim 50m? Y / N \*\* | | |
| Allergies that could cause Anaphylactic shock? Y / N \*\* | | | | | | | |
| Have you any medical condition that we need to be made aware of, to ensure RCC can offer you a safe & enjoyable paddling experience?  e.g. Autism, Aspergers, ADHD or Diabetes Y / N \*\* | | | | | | | |
| Medical details (Optional) | | | | | | | |
| **Emergency contact details** | | | | | | | |
| Name: | | | Relationship to member: | | | | |
| Home phone: | | | Mobile: | | | | |
| Email: | | | | | | | |
| **Additional Family member Details** | | | | | | | |
| Gender | Male / Female / Non-binary/ In another way | | | Title: | | Name: | |
| Mobile: | | Email: | | | | | Date of Birth: |
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| Have you any medical condition that we need to be made aware of, to ensure RCC can offer you a safe & enjoyable paddling experience?  e.g. Autism, Aspergers, ADHD or Diabetes Y / N \*\* | | | | | | | |
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| **Emergency contact details** | | | | | | | |
| Name: | | | Relationship to member: | | | | |
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| Email: | | | | | | | |
|  | | | << RCC Use Only >> Membership number | | | | |