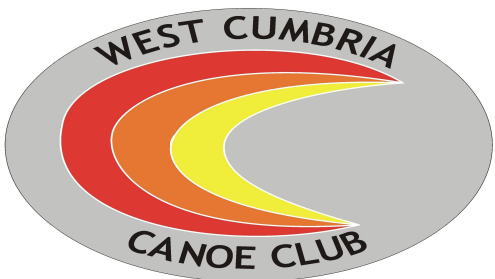


Membership Application Form 2010 - 2011

CATEGORY	Criteria	Fee	Tick				
Family	2 adults and their children (under 18) living at the same address	£40					
Senior	Over 18 and waged	£30					
Junior	Under 18 (under 16's must be accompanied by an adult)	£10					
Unwaged	Students, unemployed, retired Please show Student Union Card or UB40?	£10					
	FIRST NAME(S)	SURNAME (if different)	Gender M / F	BCU Number (if you are a member)	Age (See over)	Competence (See over)	
FAMILY NAME:	1.						
ADDRESS:	2.						
	3.						
	4.						
Post Code:	5.						
Tel:	6.						
E mail:	7.						
If you do not want this information shared with other club members, please tick this box:				<input type="checkbox"/>			

a. The above information is to the best of my knowledge correct. b. I have read, understand and agree to abide by the club rules. c. I recognise that there is an element of risk in the sport of canoeing and I voluntarily accept that risk.		Please enclose cheque (payable to West Cumbria Canoe Club) and return to: WCCC Membership Sec. Laura Nightingale c/o. 9 Crown Terrace Penrith, Cumbria CA11 9XP Tel: 07887681940
If under 18, name of Parent or Guardian		
Signature: If U18, to be signed by Parent or Guardian		
Date:		

* Fees subject to approval at AGM.

AGE	BCU census requires age info. Please enter age if you are happy and this is essential for those under 19. Otherwise enter code "A" if 19-45 or "V" if 45+ at 1 st April.
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COMPETENCE	Please enter highest BCU qualification held (with discipline). This includes coaching quals please. If no qualification held, please enter the appropriate competence code from the following table.
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COMPETENCE STATEMENT	DESIGNATION	CODE	Assumed BCU award equivalent	ACTIVITY
I can lead an "all in" rescue	Competent paddler	C	3*	May make own assessment of conditions and level of risk, if over 18.
I can carry out a deep water rescue	Intermediate experience	I	2*	May paddle in company in conditions deemed reasonable by duty officer.
I can capsize, swim ashore and empty boat	Limited experience	L	1*	Requires supervision by experienced paddler (Safety Test Holder or 2*)
I have not canoed before but I can swim confidently	Beginner	B		Requires direct instruction
I cannot swim or am not confident in the water	Non Swimmer	N		Requires to commence paddle sport in a pool environment

MEDICAL DECLARATION

It is essential that any disability or medical condition is declared.
 Declaration of a disability or condition will not necessarily prevent access to the sport.
 Medical information will only be released for a club trip to the person responsible for the event.

NAME	DISABILITY OR MEDICAL INFORMATION

If your Next Of Kin does not live at the address overleaf or you wish to provide a second person who may be contacted in event of an accident or emergency then please complete this section.	NAME:			
	RELATIONSHIP:			
	ADDRESS:			
	Post Code:		Mob:	Work:
	Telephone:			