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| **Rugby Canoe Club** | | | | | | | | | | | | | |
| Application for membership | | | | | | | | | | | | | |
| Title |  | | | | | | **Class of Membership Required (\*\* Please delete the inappropriate)**  \*\* Full member £60.00  \*\* Youth U18/Student £32.00  \*\* Additional member £16.00 (Youth or Adult)  \*\* Associate Member £16.00(Ex full member no longer in area)  \*\* Introductory member £10.00  \*\*Introductory U18/Student £5.00 | | | | | | |
| Name |  | | | | | |
| Address |  | | | | | |
|  |  | | | | | |
|  |  | | | | | |
| Post Code |  | | | | | |
| Telephone |  | | | | | |
| Mobile |  | | | | | | Emergency contact | |  | | | | |
| E-mail |  | | | | | | | | | | | | |
| BC membership Number: | | | | | | | Can you swim 50m? Y / N \*\* | | | | | | |
| Have you any medical condition or disability that may affect your ability to canoe or your safety on the water? Y / N \*\* | | | | | | | | | | | | | |
| Diabetes? Y / N \*\* | | | | | | | Allergies that could cause Anaphylactic shock? Y / N \*\* | | | | | | |
| If Yes to any of the above, please discuss details with the duty officer.  (Details noted by: Signed: RCC use only) | | | | | | | | | | | | | |
| Date of Birth: | | | | | **Youth Members Only** | | | | | | | | |
| Locoparentis form completed and handed in? Y / N \*\* (RCC use only) | | | | | | | | |
| Additional Family member Details | | | | | | | | | | | | | |
| Title & Name | | | D.O.B. | | | | | Can they swim 50m? Y / N \*\* | | | | BC Membership Number | |
| Phone | | | | | Emergency contact | | | | Email | |
| Medical Cond./Disability? Y / N \*\* | | | | | Diabetes? Y / N \*\* | | | | Allergies that could cause Anaphylactic shock? Y / N \*\* | |
|  | | |  | | | | | Y / N | | | |  | |
|  | | | | |  | | | |  | |
|  | | | Y / N | | | | | Y / N | | | | Y / N | |
|  | | |  | | | | | Y / N | | | |  | |
|  | | | | |  | | | |  | |
| Y / N | | | | | Y / N | | | | Y / N | |
|  | | |  | | | | | Y / N | | | |  | |
|  | | | | |  | | | |  | |
| Y / N | | | | | Y / N | | | | Y / N | |
|  | | |  | | | | | Y / N | | | |  | |
|  | | | | |  | | | |  | |
| Y / N | | | | | Y / N | | | | Y / N | |
| Declaration | | | | | | | | | | | | | |
| I / We apply for membership of Rugby Canoe Club I / We agree to abide by the rules of the Club  I / We agree to membership details being held on GDPR compliant computer system  I / We agree to the use of pictures/videos in line with the club policy  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 also 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 enclose payment of £ | | | | | | |  | | --- | | Email completed form to **memberships@rugbycanoeclub.org.uk** | | | | | | | | |
| **Canoeing Qualifications overleaf** | | | | << RCC Use Only >> Membership number | | | | | | | | | |
| **BC Skills Awards** | | | | | | | | | | | | | |
| Member Names >>> | | **Member 1** | | | | | **Member 2** | | | **Member 3** | | | **Member 4** |
| Paddle Start | |  | | | | |  | | |  | | |  |
| Paddle Discover | |  | | | | |  | | |  | | |  |
| Paddle Explore | |  | | | | |  | | |  | | |  |
| **Leadership Awards** | | | | | | | | | | | | | |
| Paddlesport Leader | |  | | | | |  | | |  | | |  |
| Paddlesport Touring Leader | |  | | | | |  | | |  | | |  |
| Stand Up Paddleboard Inland Open Water Leader | |  | | | | |  | | |  | | |  |
| Canoe White Water Leader | |  | | | | |  | | |  | | |  |
| White Water Leader | |  | | | | |  | | |  | | |  |
| Advanced White Water Leader | |  | | | | |  | | |  | | |  |
| Sea Kayak Leader (non-tidal and tidal) | |  | | | | |  | | |  | | |  |
| **First Aid** | | | | | | | | | | | | | |
| Please specify award and expiry date | | | | | | | | | | | | | |
| Renewal Date  (first day of month): | |  | | | | |  | | |  | | |  |
| **Coaching Qualifications** | | | | | | | | | | | | | |
|  | | **Member 1** | | | | | **Member 2** | | | **Member 3** | | | **Member 4** |
| BCAB Paddlesports Instructor | |  | | | | |  | | |  | | |  |
| BCAB Coach Award | |  | | | | |  | | |  | | |  |
| BCAB Performance Coach | |  | | | | |  | | |  | | |  |
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| **Other qualifications** | | | | | | | | | | | | | |
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