SOUTHBOURNE CANOE CLUB - TEMPORARY MEMBERSHIP FORM

Your Details	
Surname:	First Name:
Tel. No:	Mob No.:
Email:	
Address:	
	Postcode:
Date of Birth:	
Age if Under 18:	Male:___ Female:___
Level of experience (Please circle): None, Beginner, Intermediate, Advanced	PUK awards achieved:
Introducing Members Name: (If applicable) …… ……	How did you hear about SCC: …… ……

Medical History
SCC must be informed of any existing medical conditions, any medication currently taken, any medical treatment currently being received, any disabilities, or any special needs you may have. Please provide details below:

Emergency Contact No. of non paddler	
Name:	Tel. No.:
Relationship:	Mob No.:

Data Protection Act
This information is being collected for the purpose of joining SCC as a temporary member. It is held on a confidential record. The information may be given to SCC coaches, leaders, committee members or a medical practitioner if the need arises, and may also be used for the wider purpose of providing statistical data to target future resources. If you have any queries or concerns regarding this, please contact: Southbourne Canoe Club Chairman via sccsouthbournechair@gmail.com
Declaration:
I confirm I am aware and understand that canoeing and kayaking are assumed risk activities that may carry attendant risks. I confirm I am water confident, i will not panic in water, am able to follow instruction in the event of a capsize, agree to be bound by the rules of

the club, and will not hold them responsible for any personal injury, loss of damage to clothing or equipment.	
This form is valid for the day of issue only.	
Signature*	Date .....
* To be signed by parent/guardian for participants under 18 years of age	Form reviewed 22/04/25