



2011 Family Membership Application
Return to: Bert Groves, 18 Ashley Park, Bangor, BT20 5RQ

Membership In Family Category includes CANI affiliated membership for each person listed. Amount paid: £40 cash / cheque (payable to Belfast Kayak Club)

PERSONAL DETAILS (age required if under 18)**

Name	Email Address (write clearly!)	Age **

Family Address: Street: _____
 Town _____ Postcode: _____
 Phone: _____

MEDICAL DETAILS: Please give details of any medical conditions you or one of the listed members of your family suffer from and details of any allergies eg. to medication, food. etc. you have which are relevant to participation in the club's activities:

Paddling Details for each family member

Name	Stars held	Level	Swim 50 yards?	Training award held
		beginner / intermediate / advanced		
		beginner / intermediate / advanced		
		beginner / intermediate / advanced		
		beginner / intermediate / advanced		

Which boats and how many does your family currently own:
Sea kayak []; River kayak []; Canoe []

DECLARATIONS

1) We acknowledge canoeing is an extreme sport and understand that Belfast Kayak Club cannot be held liable for any personal injury, loss or damage as a result of my participation in any Club event except that which is the result of gross negligence and/or willful or wanton misconduct.

2) We have not been convicted of any offence related to the Protection of Children Act

Signed (Adult responsible)

Date

Please fill in one CANI form for each family member (this provides CANI insurance for each named person)



2011 Club Member Form

To be completed by each club member

Essential information

Title	Mr / Mrs / Miss / Other (please state)
Name	
E-mail	
Address	
Town	
County	
Postcode	
Date of birth	
Tel no Home	
Mobile	
Club/centre	

Have you been a CANU member before? (if so give previous number)	YES / NO BCU/NI/...../...../.....
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I/We agree to be bound by the rules and regulations of the association and the British Canoe Union. I/We accept liability for my/our share (£1) in the company in the event of liquidation of the Union.

Signed	
Date	

If signing for under 18's - Forms must only be signed by the parent or guardian that holds parental responsibility for the child named above.

Office use	BCU/NI/...../...../2010
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Additional Information

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Equality Monitoring

Please tick the boxes that are relevant to you. All information collected will be stored within the data protection guide lines.

Gender	Male	Female	Not Disclosed
Religion	Catholic	Protestant	Other
Disability	No Disability	Ambulant Disabled	Learning Disability
	Deaf/hearing impaired	Visual Impaired	Wheichair user
Ethnic Origin	White	Black African	Black Caribbean
	Black other	Chinese	Indian
	Mixed ethnic background	Pakistani	Other Ethnic
Nationality	Northern Irish	Irish	British
	French	Latvian	Lithuanian
	Portuguese	Other	Not Disclosed
			Polish