



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

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**PERSONAL DETAILS (Print your email address clearly!)**

Name \_\_\_\_\_ Age (if under 18): \_\_\_\_\_  
Address \_\_\_\_\_  
Town \_\_\_\_\_ Postcode: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**MEMBERSHIP:** Fee includes CANI affiliated membership & insurance where appropriate:

Amount paid: £ 25      cash / cheque (payable to Belfast Kayak Club)

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

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**PADDLING DETAILS**

Please indicate your level :	beginner / intermediate / advanced
Can you swim a minimum of 50 metres	yes / no
Which boats do you currently own:	Sea kayak / River kayak / Canoe
Are you a CANI individual member:	yes / no
Which, if any, BCU stars do you have?	
Do you hold any BCU training award?	

**DECLARATIONS**

- 1) I 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) I have not been convicted of any offence related to the Protection of Children Act

Signed \_\_\_\_\_

Date \_\_\_\_\_

Parent's consent signature if under 18:



# 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	Not disclosed
Disability			
No Disability	Ambulant Disabled	Autistic	Visual Impaired
Deaf/hearing impaired	Learning Disability	Mental Health Difficulty	Blind
Visual Impaired	Wheelchair user	Other	Not Disclosed
Ethnic Origin			
White	Bangladeshi	Black African	Black Caribbean
Black other	Chinese	Indian	Irish Traveller
Mixed ethnic background	Pakistani	Other Ethnic	Not Disclosed
Nationality			
Northern Irish	Irish	British	Chinese
French	Latvian	Lithuanian	Polish
Portuguese	Other	Not Disclosed	