Surname:				Date Of Bir	th:					
First Name(s):										
Title:	Mr Mrs Mi	ss Ms Ot	ther:	BCU Num	ber:					
For Junior members (under 16 years), address and contact details should be those of the parent/guardian counter-signing this form.										
Address:										
				Post Code	:					
Home Tel:				Mobile Tel	:					
Email:										
BCU Awards: e.g. Star Awards										
Coaching Qualifications:										
Other relevant qualifications  or training: e.g. First Aid/ Canoe Polo  referee										
Do you hold a D	RS certificate?	Yes/No [	Date of certificate:			<del></del>				
Do you note a D	by certificate:									
Emergency Cont	act Name:									
Emergency Cont	act Tel:	(Home)				(Mobile)				
Membership:	□ Adult	□ Unwage	ed 🗆 Country	☐ Student	□ Junior	☐ Family				
Annual Fees:	£65	£40	£40	£40	£40	£130				
N.										
New Member:			Half Year: □		Renewal:					

A joining fee of £15 (£8 for Student/Country/Junior) applies to new members and those whose membership has lapsed. Lapsed members are those who have not renewed within 3 months. New members joining on or after 1st October will pay half the annual fee plus the full joining fee.

## **Country Membership**

Members living a distance from Letchworth such as to prevent regular visits may remain members by paying a reduced rate for subscription. Each case will be judged individually by the Committee.

## Juniors

Juniors (under 16 years) may join if one or both parents/guardians are active paddlers and members of the Club. Juniors must always be accompanied by their parent/guardian. The parent/guardian will ensure the safety of the juniors in and around the pool. The parent/guardian will be responsible for the behaviour of the juniors in their charge and if members of the Committee feel the behaviour of a junior is unsuitable they will not be able to continue attending. Each adult member can bring a maximum of two juniors to pool sessions.

Baldock & District Canoe Club is committed to the prevention of discrimination and the promotion of equality of opportunity for all and is committed to safeguarding and promoting the welfare of children and vulnerable adults and expects all members to share these commitments.



## **Family Membership**

A family is defined as one or two adults living at the same address and ANY biological child or legal ward (foster child, step child etc.) not necessarily living at the same address. Please include the details of all family members overleaf.

Additional Family Members (to be included in Family Membership)									
Surname:						Date Of Birth:			
First Name(s):									
						-			
Title:	Mr	Mrs	Miss	Ms	Other:	BCU Number:			
Surname:						_ Date Of Birth:			
First Name(s):						_			
Title:	Mr	Mrs	Miss	Ms	Other:	BCU Number:			
Surname:						_ Date Of Birth:			
First Name(s):									
Title:	Mr	Mrs	Miss			- BCU Number:			
Title.	1411	14113	141133	1413	ouici.	Dec Ivamber.			
C						Data Of Birth			
Surname:						_ Date Of Birth:			
First Name(s):						-			
Title:	Mr	Mrs	Miss	Ms	Other:	BCU Number:			
Can we add you	ı to oı	ır list o	f trailer	drive	rs?				
(Trailer drivers are ad	ded to a	a rota for	collecting	the boa	t trailer 🔲 Yes 🗀	l No			
for the pool sessions and receive a free pool session each time they do this.)									
Declaration									
	mbersh	ip of BDC	C. I declar	e that al	I those named on this form are able to	swim a minimum of 25 me	tres and I/we will abide by the		
spirit of the rules and code of conduct of the Club and will submit to those rules as interpreted by the Committee. I understand that the Club and its representatives accept no liability whatsoever for any loss or injury howsoever caused, and that a pool lifeguard may not be present at pool sessions. I									
understand that membership of the Club is not finalised by paying my subscription and is only finalised when accepted by the Committee. I will declare to									
the Committee and trip organisers any condition that may affect my health and safety both on and off the water, specifically: severe allergies, asthma, cardiac problems, diabetes, epilepsy, panic attacks, or medical allergies. I consent to BDCC storing the information I have provided electronically. I									
understand that this information will be made available to BDCC committee members and emergency services in the event of an accident, and used solely in connection with BDCC club matters. I understand that, from time to time, photos of members participating in club activities may be used for promotional									
purposes and, if I do not wish photos of myself/child used for this purpose, I will inform the current.committee in writing.									
Signed (applicar	nt):					Date:			
For Junior members (under 16 years)						Data			
Signed (parent/guardian):						Date:			

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