

Kirkwall Kayak Club

Application for Membership – Adult

Your Details	
Full Name	Paid . Method, date and amount
Address and Postcode	
Home telephone number	Mobile telephone number
E-mail address	
Date of Birth	SCA number . if applicable
SCA qualifications (Star Tests, Safety and Rescue Test etc.)	
Coaching and other qualifications including level (Paddle sport coach, other sport coach, First Aid, Lifeguard, Food Hygiene etc.)	

Please note:

Canoeing and kayaking are assumed risk, water contact sports that carry attendant risks. Everyone taking part should be aware of and accept the risks and be responsible for their own actions and involvement.

Signed:

Date:

Contact and Medical Details

It is important that in an emergency organisers should:

- Know whether you suffer from any illness, allergy or medical condition.
- Be able to contact one of your close relatives or friends.

Please complete the following boxes to state in confidence any health or other matter which group leaders or coaches need to know about.

Your Name (please print clearly)

Emergency Contact details for relative or friend	
Name	
Address	
Home telephone number	Mobile telephone number

Emergency Contact details for alternative relative or friend	
Name	
Address	
Home telephone number	Mobile telephone number

Contact details of your doctor	
Name of doctor	
Practice name and address	
Surgery telephone number	Emergency telephone number

Contact and Medical Details - continued

<u>Medical and Dietary Information</u>	
Please give brief details of any relevant:	
• Medical condition	
• Medication	
• Allergy	
• Special diet	

IF THERE IS ANY CHANGE TO ANY OF THE ABOVE MEDICAL OR CONTACT INFORMATION PLEASE ADVISE THE MEMBERSHIP SECRETARY

Signed

Date

Child and Vulnerable Adult Protection Declaration

I accept and understand that the policy of Kirkwall Kayak Club is to safeguard the welfare of all children and vulnerable adults by protecting them from physical, sexual and emotional harm.

I declare that I have not, at any time, within the United Kingdom and its dependencies, or in another country or territory, been found guilty by a court of any offence concerning children or young people under 18 years of age, nor bound over, placed on probation, cautioned or discharged conditionally or absolutely in relation to such offences.

I understand that, because my involvement with Kirkwall Kayak Club may involve substantial contact with persons under 18 years of age, any conviction involving minors which would be regarded as spent for other purposes, must also be disclosed.

I understand that coaches and volunteers within Kirkwall Kayak Club will be expected to complete a Disclosure Scotland check.

Signed

Date

Volunteer Declaration

I understand that Kirkwall Kayak Club cannot operate without willing volunteers and that there are many different types and opportunities for volunteering.

I understand that all coaches and other officials within Kirkwall Kayak Club are volunteers.

If you are over 18 and would be interested in becoming a volunteer, which would involve supervising children, then please tick here and a member of the committee will discuss this with you.

Photography Consent

Kirkwall Kayak Club frequently photograph members enjoying the sport and these photographs may be used for training purposes or to promote our sport and may be published on our website or in the local press. I agree to being photographed and having the pictures used in this way.

Our governing body, Scottish Canoe Association will receive your contact details

Please tick here if you wish to receive direct mail from the SCA

Please read the Data Protection Policy on our website www.kirkwallkayakclub.org to learn how KKC and the SCA store and use your personal information.