

Kirkwall Kayak Club

Application for Membership – Junior

Consent of Parent or Carer – Please read carefully

Please see Kirkwall Kayak Club’s Child Protection Policy on our website (www.orkneycommunities.co.uk/KIRKWALLKAYAKCLUB) or ask for a paper copy.

Where young people take part in trips or events, parents/carers should be given details regarding the organisation of the trip.

- I have had the activities of the Kirkwall Kayak Club (KKC) explained and agree to my son/daughter taking part in these activities.
- I confirm that my son/daughter does not suffer from any medical condition other than those listed.
- I consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner may be necessary.
- I confirm that my son/daughter is not the subject of a court order prohibiting publication of their image. I consent to their image being published on the club website or in the local press.
- I consent to my son/daughter travelling by public transport or by any minibus or motor vehicle driven by a KKC Coach or by a KKC registered Volunteer, to any event in which the club is participating.
- I agree to be at the pick-up/drop-off point at the agreed time.
- I understand that the Club or Organisers accept no responsibility for loss, damage or injury caused by or during attendance of any of the club’s organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the Club or the Organisers.
- **I understand that canoeing and kayaking are ‘assumed risk water contact sports’ that carry attendant risks. I will encourage my son/daughter to behave responsibly with regard to their own safety and that of others while participating or otherwise involved in the sport.**

Signed: Parent/Carer

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Date

Name of Child:

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Kirkwall Kayak Club

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

Contact and Medical Details

In your child's interests, it is important that in an emergency, organisers should:

- Know whether he or she suffer from any illness, allergy or medical condition.
- Be able to contact you or a close relative.

Please complete the following to state in confidence any health or other matter concerning your child, which group leaders or coaches need to know about. Please also indicate if your child is receiving medication, with details and dosage, or has specific dietary requirements.

If there is any change in circumstances please advise the Membership Secretary

Name of child (please print clearly)	Date of Birth

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 and Medical Details - continued

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

<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 Parent/Carer

Date