

Avon Canoe Polo Club Membership Application/Renewal

Personal Details

Full Name			
Address			
Postcode			
Home Phone		Mobile Phone	
Email			
BCU No.		BCU Expiry date	
Buoyancy Aid Number		Date Of Birth	
Emergency contact details			
Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.			
Contact name:			
Emergency contact number:			

British Canoe Union Membership (BCU)

Avon CPC is affiliated to the BCU. This membership provides third party liability insurance for pool sessions (please see www.bcu.org.uk for details). In order to play in the BCU Canoe Polo National Leagues, South West league or open tournaments you will need to have Individual Full membership of the BCU.

Renewal of Membership

Each year, prior to the AGM, the committee will send an e-mail to all existing members subscribed to the mailing list asking for their playing intentions for the following season. Replying to that e-mail will act as renewal of membership and continued acceptance of the points below.

Declaration:

- I agree to the information listed on this form.
- I agree to obtain full BCU membership before playing national or south west leagues or open tournaments
- I am able to swim 50 metres in light clothing.
- I have read and understood the Avon Canoe Polo Club Constitution.
- I note that my email address may be passed on to other Avon CPC members and added to the mailing list.
- I agree to abide to the rules and regulations of Avon CPC.

Signed:		Date:	
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Must be completed for under 18s

<p>PARENTAL / GUARDIAN CONSENT : I have read and understood this Renewal Application, and confirm that my child may apply and that in my absence, the Responsible Adult signed below, will take full responsibility for the applicant and act as the guardian. By returning this completed form, I agree to my child/the child in my care taking part in the activities of the club. I understand that I will be kept informed of these activities – for example, timing and transport details. I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately</p>	Signed:	Date:
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RESPONSIBLE ADULT : I have read and understood this Renewal /Application, and I agree to act as the responsible adult for the applicant and to take full responsibility for the applicant, and to accompany the applicant at all times whilst he/she engages in club activities.	Signed:	Date:
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MEDICAL DECLARATION	
Name:	
	<p>Upon acceptance into membership of the Avon Canoe Polo Club I understand that canoeing is undertaken at my own risk. I confirm that I do not suffer from any disability or medical condition which may render me unfit for strenuous exercise*</p>
Signed:	
Parent/Guardian (If under 18):	
	<p>*Should a medical condition exist, this will not necessarily preclude you from membership/participation, but it must be declared. Should you be in any doubt, advice should be sought from your family doctor.</p>

Please return all forms and cheques (made payable to Avon Canoe Polo Club) to the **Secretary, Avon Canoe Polo Club, Ground Floor Flat, 20 Stanley Road, Cotham, Bristol, BS6 6NW** or by email to emma.heelis@hotmail.com