

Stonehaven Canoe Club – Membership Application / Renewal Form

Conditions of Membership

By applying for membership of Stonehaven Canoe Club (hereafter referred to as “the club”) you are deemed to have accepted the following conditions:

1. **Liability Statement - Kayaking is an assumed risk sport and death or injury is a possibility. Neither the club nor its officers accept liability for any loss or injury sustained by participants in club activities. You are at all times responsible for your own safety and, where relevant, that of any children covered by family membership that you are responsible for. You should ensure that you are properly equipped and competent for any trips or other activities you intend to participate in.**
2. You must provide details of any medical conditions, injuries, allergies, prescribed medication or other factors that might affect your ability to paddle or that may be useful to first aiders and/or emergency services in the event of an incident. Any medical or disability-related information supplied by you will be held in the strictest of confidence and will not be passed onto any third parties without your written authorisation (unless disclosure is required by law).
3. You must be able to swim a minimum of 25 metres unaided and without a break.
4. Personal information which you supply to the Club will be stored in a database(s) (electronic or otherwise) and held in accordance with the Data Protection Act 1998 (as amended). It may be used in a number of ways, both by us and by the Scottish Canoe Association (the SCA), the sport's governing body, to which we are affiliated, including:-
 - To administer and manage your membership and related benefits. Your information will be held by the Club and by the SCA in one or more databases for this purpose, which may be hosted by, or on behalf of, the Club and/or the SCA. Information may be accessed by club office bearers, coaches and trip leaders/organisers for the purposes of club management;
 - To review, develop and improve the services and activities offered by the club and the SCA.
 - To provide you with details of forthcoming activities, events, and competitions (as well as those of selected third parties).
 - To research, develop and manage new and existing programmes and projects and to promote our sport.
 - To monitor the SCA's progress towards demonstrating equal opportunities in canoeing in Scotland through the Equity Standard for Sport.
 - For statistical analysis (including the sharing of aggregated, non-identifiable data with partners such as the British Canoe Union, Sport Scotland, the Scottish Government and Sports Coach UK to support sports and policy development).
 - We may pass your personal information (which may include information about your health) to the insurer in the event of an insurance claim. Information provided by you may be put onto a register of claims and shared with other insurers to prevent fraudulent claims.
 - Your name, telephone numbers and email address will be shared with other members of the club.
 - Medical and/or disability-related information which does not identify you as an individual may be used in relation to one or more of the examples listed above.
5. You are not required to join the SCA but must provide your membership number to the club if you are a member.
6. Family membership covers up to 2 adults and 4 junior members all residing at the same address. Only one member is entitled to a vote on club affairs.
7. Junior membership applies to all individuals under the age of eighteen.
8. Any junior member (either single or family member) who reaches the age of eighteen during the course of their membership will no longer be covered by that membership and should re-join as an adult member.
9. Junior members will only be allowed to attend away trips if accompanied by their parent/guardian or on provision of an event-specific consent form.
10. You are requested to read, and comply with, the club constitution and other procedures published by the committee to ensure the smooth and safe running of the club.
11. All members are covered by the club's 3rd party liability insurance, as provided by the SCA, whilst participating in club activities. You should only organise activities on behalf of the club if you have been authorised to do so by the committee. Any incidents that might result in a claim on insurance should be reported to a member of the committee at the earliest opportunity.
12. Any images, videos or sound recordings, which feature members and are captured during any club event or activity, may be used for any club-related purpose (which may include, amongst others, advertising, promotion, marketing and website uses) and may be combined with other images, text and graphics, cropped, altered and modified.
13. Whilst the club will endeavor to remind members when their membership is due for renewal, it is the member's sole responsibility to ensure their membership is current.
14. The committee reserves the right to cancel or suspend membership in the event of a breach of these conditions. Where cancellation or suspension of membership is deemed necessary, no refund will be given.

If applying for Family membership you must complete a form for each individual. Remittance should be made payable to Stonehaven Canoe Club and forwarded to the membership secretary:
Tom Flynn, 63 Forest Park, Stonehaven, AB39 2GF.

Stonehaven Canoe Club – Membership Application / Renewal Form

Membership Type (tick box):							
Single adult (£20):		Single Junior (£15):		Family (£25):		Day (£6):	

Title:		Forename:		Surname:	
Address:					
				Postcode:	
Home Telephone:				Mobile:	
Email Address:					
Date of Birth:				SCA Membership No:	

Emergency Contacts			
Name:		Tel No(s):	
Name:		Tel No(s):	

BCU and other relevant qualifications / awards:

Medical Conditions:																								
<p>It is important that you inform us of any relevant medical conditions. Do you suffer from, or have in the past suffered from, any of the following?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Condition</th> <th style="width: 15%;">Applicable</th> <th style="width: 65%;">Relevant Additional Information</th> </tr> </thead> <tbody> <tr> <td>Chronic Back Pain</td> <td>Yes / No</td> <td>_____</td> </tr> <tr> <td>Disability</td> <td>Yes / No</td> <td>_____</td> </tr> <tr> <td>Asthma</td> <td>Yes / No</td> <td>_____</td> </tr> <tr> <td>Epilepsy</td> <td>Yes / No</td> <td>_____</td> </tr> <tr> <td>Diabetes</td> <td>Yes / No</td> <td>_____</td> </tr> <tr> <td>Hearing Problems</td> <td>Yes / No</td> <td>_____</td> </tr> <tr> <td>Heart Condition</td> <td>Yes / No</td> <td>_____</td> </tr> </tbody> </table> <p>Do you have any other relevant health problems, or do you take any relevant medication? _____</p> <p>NB. Notwithstanding any disclosure made above, you are reminded that it remains your responsibility to ensure that club coaches/leaders/activity organisers are made fully aware of any existing, or potential, medical problems prior to any club activity commencing.</p>	Condition	Applicable	Relevant Additional Information	Chronic Back Pain	Yes / No	_____	Disability	Yes / No	_____	Asthma	Yes / No	_____	Epilepsy	Yes / No	_____	Diabetes	Yes / No	_____	Hearing Problems	Yes / No	_____	Heart Condition	Yes / No	_____
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SCA Data Options (tick as required)	
1. I do not wish to be placed on the SCA mailing list <input type="checkbox"/> 2. I do not wish the SCA to be sent the optional information of my email address, phone number and paddle sports interests <input type="checkbox"/>	
Signature:	By signing and submitting this application form, I hereby acknowledge and agree to be bound by the club's Conditions of Membership. I confirm I have read and understood the Liability statement: _____
Date:	_____

Parent or Guardian Authorisation (required if under the age of eighteen):					
Title:		Forename:		Surname:	
Relationship to child:					
Signature:	I agree to the above stated child taking part in the activities of the club and accept the Conditions of Membership on their behalf. I confirm I have read and understood the Liability Statement. _____			Date:	