



Membership Number:

# CLITHEROE CANOE CLUB

## Application For Membership

I wish to apply for membership of Clitheroe Canoe Club

Name:	Date of Birth:        /        /
Address:	
Post Code :	Tel:
Email:	Mob:
BCU Star Awards:	
Coaching Qualifications:	
Next of Kin:	Relationship:
Address:	
Tel:	
Medical Conditions:	

Upon acceptance into membership of the Clitheroe Canoe Club, I understand that canoeing is undertaken at my own risk. I confirm that I do not suffer from any disability or medical condition that may render me unfit for strenuous exercise.

**For Junior Members:** Please tick box if you object to having photographs or videos taken of your child whilst taking part in club events. These materials may be published in newspapers, journals, club newsletters, club website and any other document that may be

Signed: \_\_\_\_\_ Name (Print): \_\_\_\_\_  
(Parent/ Guardian if under 18)

**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 G.P.**