

COLCHESTER CANOE CLUB

Membership / Parental Consent Form

This information will be held in confidence and only shared with coaches and club officials on a need to know basis. Please continue on the reverse of the form if necessary.

Full Name:	
Date of Birth:	
Address:	
Contact Telephone:	
Email:	
ICE Name:	
ICE Telephone:	

Membership Type	Junior	Adult	Family	Parent Consent	Adult Consent
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Name of Family Members				

BCU Member No.	
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Details of any disabilities, conditions, allergies, special needs or cultural needs that you consider may affect your participation
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Details of any medications currently being taken that you consider may affect your participation

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I hereby agree to abide by the rules of the club at all times.

SIGNED & Date:	
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Signed by Parent or Guardian if under 18:
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SIGNED & Date:	
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Please ensure that you inform the coach/leader at the beginning of each session of your needs and inform CCC if your needs change