

paddling Participation / Consent Form

Important - This form should be completed by all on-the-water participants. **The parent or guardian of a participant must sign the consent component of the form if the participant is under the age of 18**

Participant's details - please write clearly	
Full name	
Full address	
Postcode	Full Tel no.
Date of birth	Under 18 : Yes / No
Ability to swim 50m	Yes No (please tick or circle one) <i>the participant must be able to swim 50m with a buoyancy aid</i>
Confidence in water	Confident Quite confident Not confident
In Case of Emergency Contact Details	
Full Name	
Full Tel no.	
Full address & postcode	
Doctor's name, address & postcode	
Date of last tetanus injection +	+ required for paddlers under 18

Medical Declaration for Participant	
Do you have any medical condition, disability, previous injury or ongoing treatment that you think may affect your participation in this water-based activity, or on the possible application of first aid or medical treatment in the event you are involved in an accident. For example - deafness, visually impaired, diabetes, epilepsy, asthma, shoulder / hip injuries, wounds, allergies to medication, plaster etc.	
Yes	No (please tick one)
If yes, give details including any medication	

Adult Participant's Statement	
I accept that Canoeing and Kayaking are assumed-risk water-contact sports that may carry attendant risks. Participants should be aware of and accept these risks and are responsible for their own action and involvement.	
Signed:	Dated:

Parent / Guardian Statement	
I CONSENT TO PARTICIPATING IN THE PADDLING ACTIVITY PROPOSED BY READING CANOE CLUB	
<ul style="list-style-type: none"> ● I have ensured that my child understands the information for his/her safety and for the safety of the group and that any rules and instructions given by staff are obeyed. ● I undertake to inform the coach/instructor in charge of any changes in the fitness of the participant prior to the date of activity. ● I am in agreement that those in charge may give permission for the participant to receive medical treatment in an emergency. 	
Signed	Parent / Guardian
	Date

Data Protection:

- The details above will only remain on the Club records for the duration of the course, unless the student chooses to continue with membership of the Club.
- The Club occasionally takes photos or videos during competitions/ club activities. Please tick the box if you are happy these photos/videos of you or your child/children may be used on our website or Facebook site

