

PARENTAL CONSENT FORM

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.** Details will only be used in case of emergency.

Participant's details - please write clearly	
Full name	
Full address	Postcode
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	
Parent/guardian name	
Parent/guardian mobile	
Full address & postcode	
Doctor's name, address & postcode	
Date of last tetanus injection +	+ required for paddlers under 18

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

Parent/Guardian Participation 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.

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. 	
Parent / Guardian signature	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.