

Falmouth Watersports Association
Arwenack Street
Falmouth
TR11 3JD
www.falmouthcc.org.uk
BCU Affiliation No. 1174



Membership Form

Temporary Members only

Personal Details (Please use block capitals)

Name: _____
Address: _____
Post Code: _____
Tel: _____ D.O.B: _____
e-mail: _____
Doctor's Name _____ Surgery _____
BCU member: Yes No _____ Membership Number _____

Preferred way for FCC to contact you? (E.g. e-mail/phone/post).....

Membership Category

Temporary Membership - £5 - one session

valid on:

Paddling Experience

To assist in planning club activities it would help if you could tell us about your level of expertise and aspirations:

Qualifications/Experience: (e.g. 2*, Level 3, Canoe Safety Test, etc)
I would like to (e.g. get training, camping, Explore area, coach, etc):

Membership Declaration

Upon acceptance into membership of the Falmouth Canoe Club I agree to abide by Falmouth Canoe Club's Rules & Regulation. I understand that canoeing and kayaking are water contact activities with attendant risks. I am aware of and shall accept these risks, I wish to participate in these activities voluntarily, and shall be responsible for my own actions and involvement. **I confirm that I do not suffer from any disability or medical condition which may render me unfit for strenuous exercise.***

Signed

Date

Under 18s please complete parental consent on back of form

***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 family doctor.**

Disclaimer: For publicity purposes photographs are taken through out the paddling season of all club activities undertaken by junior and senior members. Images are used on our website and in promotional publications.

Parental Consent (If under 18 years of age)

This part of the membership form has been produced for parents/guardians of children/young people under the age of 18 years with regard to canoeing at the Falmouth Canoe Club and gives necessary authority for responsible, experienced leaders from the Falmouth Canoe Club to take your child canoeing on open-water in the Falmouth harbour area, and at other locations.

I wish my son/daughter to be allowed to take part in canoeing and kayaking activities at the above-mentioned places.

1. I consent to any emergency medical treatment required by my child during the course of canoeing or kayaking.
2. I confirm that my child does not suffer from any medical condition requiring regular treatment OR my child suffers from: requiring regular treatment (eg diabetes, asthma). If your child suffers from a particular complaint, please enclose a letter giving details of the complaint and its treatment. **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 family doctor.**

Signed

Date

Please give contact details if they differ from those stated above.

Name: _____
Address: _____
Post Code: _____ Telephone: _____

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Admin Use only
FCC Membership Number:..... Valid from: To:
Amount Paid:..... Date.....