

Any medical details...



**COPELAND
CANOE
CLUB**
Western Lake District

visiting us
2017



clubmark

website: www.copelandcanoe.org.uk
email: membership@copelandcanoe.org.uk

"Canoeing and Kayaking are
"assumed risk water contact sports" that may carry attendant risks.
Participants should be aware of and accept these risks,
and be responsible for their own action and involvement".

Copeland Canoe Club is:
affiliated to British Canoeing, No. 954
a British Canoeing Quality Mark Club
a Clubmark club
a community amateur sports club, No. CASC 00884

Visiting us...

We are pleased to welcome visitors to the club. You are welcome to come along to our events and pool sessions for up to 4 visits at the trial price of £5.00 per person per session. This covers boat / equipment hire and pool use.

However in order to make sure that we and you are covered by our insurance policy we need you to give us some personal details.

We assume that you can swim a minimum of 50 metres.
If you can't we can help by providing a buoyancy aid.

We ask all who visit to let us know (in confidence) of any any disability or medical problem which might affect them whilst canoeing.

It is the policy of Copeland Canoe Club that all paddlers, volunteers, coaches and parents show respect and understanding for each other and conduct themselves in a way that reflects the principles of the Club.

The aim is for all paddlers to improve performance and have fun.

Everyone involved in the Club should abide by the Club Rules and Policies.
The Club subscribes to the BC Code of Conduct with regard to young people and vulnerable adults: the club officers to contact if you have a problem are Cat Wakelin or Joe Stalker.

Any information given to us will be treated in confidence and will be deleted after the end of your fourth visit.

Club Code of Conduct (part)

- Treat other Club members with respect at all times – on and off the water – treat other paddlers and water users as you would want to be treated yourself
- Paddlers must wear suitable kit for paddling as agreed with a coach. This includes buoyancy aids if they are deemed necessary.
- Take care of all property belonging to the club or club members - and be responsible for caring for your own equipment and clothing.
- Co-operate and listen to your coach or Club officials
- Control tempers and avoid behaviour which may inconvenience or upset others.

Medical Note: The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason, it is not recommended that the Club insist on parents signing this statement. However, it can be a comfort to medical staff to have general consent in advance from parents or to have a Coach on hand able to sign forms required by medical authorities.

Your details

Title: Mr/Mrs/Miss/Ms/Dr/Other: _____

Gender: F M

Date of birth: _____

Forename _____

Surname _____

Address _____

Postcode _____

Telephone no. _____

Mobile no. _____

Emergency contact _____

Do you consider yourself to have a disability? y n prefer not to say

I understand that canoeing is undertaken at my own risk. I confirm that I do not suffer from any disability or medical condition* which may render me unfit for strenuous exercise.†

*Should such a medical condition exist, this may not stop you from taking part, but it needs to be declared. Let us know on the back of this sheet.

† If in doubt, advice should be sought from your family doctor.

Signed: _____ date: _____

To parent or guardian of juniors (U18):

I understand that canoeing is an "assumed risk", "water contact" sport and I give my consent to allow my son/daughter to participate in club activities.

Signed: _____ date: _____

I DO / DO NOT consent to Coaches administering over-the-counter medication (e.g. calpol, suncream, etc.) if required.

If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorize this, I hereby give my general consent to any necessary medical treatment and authorise the Coach in charge to sign any document required by the hospital authorities. Please see the note at the bottom of the Club's Code of Conduct.

Signed: _____ date: _____

