Llandysul
PADDLERS
CANOE Club

Secretary
Marion Bryant
Dwylan,
Pencader Road,
Llandysul,
Carms.
SA44 4AE
Tel 01559 363894

CHAIRPERSON: PHIL GREEN (01559 362907) Sunny bank, Llansawel, Llandeilo, Carmarthenshire. SA19 7PE

TREASURER: GEORGE RANSON (01239 851730) Caerfryn, Brongest, Newcastle Emlyn, Ceredigion, SA38 9ER

EVENTS GARETH BRYANT (01559 362907) Uwch Nar Afon, Pont Tyweli, Llandysul, Carms. SA44 4AJ

THE CANOE CENTRE: The upstairs office 01559 363209 and the downstairs payphone 01559 362906

NAME IN FULL:

ADDRESS:

Email Address:

TELEPHONE NUMBER

DATE OF BIRTH (Under 18's)

GOVERNING BODY MEMBERSHIP NUMBER (WCA, BCU, etc)

PLEASE LIST ANY COACHING AWARDS OR STAR TESTS:

MEMBERSHIP FEE PAID PLEASE CIRCLE

(A)	ADULT FULL MEMBER	£20	(B)	ADULT NON PADDLER	£10
(C)	JUNIOR UNDER 18yrs OLD	£10	(D)	STUDENT or UNEMPLOYED	£10
(E)	FAMILY MEMBERSHIP	£45	(F)	LIFE MEMBER	£300

PARENTAL CONSENT FORM FOR ALL MEMBERS UNDER 18 YEARS OLD

I give permission for (Name/s)
…….....……

To become a member of Llandysul Paddlers Canoe Club and I accept that Llandysul Paddlers Canoe Club will not be held responsible for any loss of equipment or any injury incurred during training sessions or any other event held in its name.
I also give permission for my child to take part in any activity organised by the club and to go on any organised trips and to travel in the canoe centre mini bus. In the event of an accident I give permission to any committee member of the club or any responsible adult, to get any medical attention needed.

Signed…….....
(Parent/Guardian)

"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 ACTIONS AND INVOLVEMENT".
LLANDYSUL PADDLERS CANOE CLUB HAVE A CHILD PROTECTION POLICY "ADULTS WITH REGULAR CONTACT WITH YOUNG PERSONS MAY BE ASKED TO UNDERGO A CRB DISCLOSURE."

Llandysul Paddlers Information Sheet

This sheet is to be filled in by all members of Llandysul Paddlers who take an active part in club events; the forms must be filled out by over 18's as well as under 18's.

Full Name of Participant: **Age:**

Name and Numbers of 1st Contact in an Emergency:

Name: Home: Mob: Work

Name and Numbers of 2nd Contact in an Emergency:

Name: Home: Mob: Work

Doctor's name and telephone number:

Please give details of any medical conditions, e.g. Diabetes, epilepsy etc or any allergies e.g. medication or anaesthetics.

Please list any Medicines or tablets, which you are taking at present:

Date of last tetanus injection:-

Blood Type:

Passport Number **(If you intend to travel abroad with the club):** **Passport Expiry Date**:

Food Dislikes:

Any other relevant information:

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