



## Belfast Kayak Academy ("BKA") Registration Form

Please Pay membership fees online. Please complete the Form in Block Capitals.

### Participant

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

**M/F** Email Address: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

### Parent/Guardian Contact Details

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

**M/F** Email Address: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

### Emergency Contact Details

Emergency Contact Name 1: \_\_\_\_\_ Emergency Contact Name 2: \_\_\_\_\_

Emergency Mobile 1: \_\_\_\_\_ Emergency Mobile 2: \_\_\_\_\_

Emergency Landline 1: \_\_\_\_\_ Emergency Landline 2: \_\_\_\_\_

### Medical Information

Allergies:

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Present Health Conditions and Medication:

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Other Information:

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**Participation Statement:** BKA recognises that Canoeing and Kayaking are activities with danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement.

### **Declaration of Fact (delete as necessary)**

**I AGREE/DISAGREE** to BKA instructors to giving First Aid and seeking medical services for me if required.

**I AGREE/DISAGREE** to BKA taking photographs, which may be used on promotional material including Social Media.

**I AGREE/DISAGREE** to travel in BKA provided transport, to attend training, summer scheme activity and/or competitions as required.

**I AGREE/DISAGREE** to my personal details being stored digitally and being shared with the Canoe Association of Northern Ireland for the purposes of obtaining Insurance.

**GIFT AID** – Please treat as Gift Aid donations all qualifying gifts of money made from the date of this declaration and in the past four years. I am a UK Taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in the tax year it is my responsibility to pay any difference.

Please Tick the Box to Agree

**Code of Conduct** – Please see separate form which is to be signed and returned with Registration Form (failure to complete this form will result in Participant being unable to compete in future competitions).

### **Participant (Over 18) Or Parent/Guardian Permission**

Participants under the age of 18 must have signed consent from a Parent/Guardian. Parents/Guardians must read and agree to Participation Statement and Code of Conduct.

Signature \_\_\_\_\_ Date \_\_\_\_\_