

Belfast Kayak Academy

Registration Form



Please pay membership fees online. Please complete the form in Block Capitals.

Participant 1: First Name _____ Surname _____ DOB ____/____/____
 M / F Email Address _____ Mobile: _____
 Address _____ Postcode _____
 Does the participant suffer from Asthma, Epilepsy, High blood pressure, Diabetes, Haemophilia, Attention Deficit Disorder or any other condition which may be adversely affected by exercise? Please list any conditions or please write 'NONE' Medical _____

Participant 1: First Name _____ Surname _____ DOB ____/____/____
 M / F Email Address _____ Mobile: _____
 Address _____ Postcode _____
 Does the participant suffer from Asthma, Epilepsy, High blood pressure, Diabetes, Haemophilia, Attention Deficit Disorder or any other condition which may be adversely affected by exercise? Please list any conditions or please write 'NONE' Medical _____

Parent/Guardian Contact Details
 First Name _____ Surname _____ DOB ____/____/____
 M / F Email Address _____ Mobile: _____
 Address _____ Postcode _____

Emergency Contact Name 1 _____	Emergency Contact Name 2 _____
Emergency Mobile 1 _____	Emergency Mobile 2 _____
Emergency Landline 1 _____	Emergency Landline 2 _____

Code of Conduct *Take care of all property belonging to the club or its members. Treat other club members with respect at all times on or off the water and treat other paddlers as you would want to be treated yourself. Control temper and avoid behaviour which may inconvenience or upset others. Co-operate and listen to your coach or club officials at all times.*

If Under 18 please sign to agree to the code of conduct. (Parent/Guardian must still sign the form)
 Signature _____ Date _____

Participation Statement The 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
 I AGREE / DISAGREE to BKA instructors to giving First Aid and seek 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 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 that tax year it is my responsibility to pay any difference. **Please Tick the Box to agree**

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 _____