



Youth Annual Membership and Insurance Form

Membership must be paid via the website upon joining and annually thereafter.

Participation Statement - *The BKA recognises that canoeing and kayaking are activities with a 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.*

Personal Details

Parent/Guardian please complete in BLOCK CAPITALS, it is your responsibility to inform us of any changes.

Guardian First Name _____ Surname _____ DOB ___/___/___ M / F

Email Address _____

Address _____

Postcode _____

Child 1 First Name _____ Surname _____ DOB ___/___/___ M / F

Does your child 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 _____

Child 2 First Name _____ Surname _____ DOB ___/___/___ M / F

Does your child 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 _____

Emergency Contact 1

Full Name _____

Mobile No _____

Landline No _____

Emergency Contact 2

Full Name _____

Mobile No _____

Landline No _____

Declaration of Fact (Please circle as appropriate)

I consent photographic images being used for publicity purposes by the club **I AGREE / I DISAGREE**

I agree to the storage of my membership details electronically on computer and that they may be shared with the Canoe Association of Northern Ireland for obtaining Insurance **I AGREE / I DISAGREE**

I confirm that the above information is complete and correct and I will notify the club of any changes.

Guardian Signature _____ Date ___/___/___