

2022 MEMBERSHIP FORM

Please use **BLOCK CAPITALS** throughout

Name:

Address:

Post Code

Tel Nos: Home

Work

Mobile

Email:

Date of Birth

SCA Number:

(If a current member)

Please circle the membership applied for

	Non SCA Member	SCA Member
FULL	£50	£45
YOUTH /FULL TIME EDUCATION / UNEMPLOYED (Youth must be between 14 and 18 years of age on 1 January 2022)	£25	£23
ASSOCIATE (Must be between 12 and 14 years of age on 1 January 2022; membership for pool sessions only)	£13	£13
FAMILY / AFFILIATED GROUP Family members (Limited to 2 adults and children under 18) or Group Leaders	£75	£65

1 2

3 4

The Declaration Form and Medical & Emergency Contact Details Form MUST be completed

PLEASE RETURN COMPLETED FORM TO:

Ken Nicol
Sandaig,
Crescent Street
HALKIRK KW12 6XN



PRIVACY

The Pentland Canoe Club is committed to protecting the privacy and security of your personal information. Our privacy notice describes how we collect and use personal information about you during and after you access our services, in accordance with the General Data Protection Regulation (**GDPR**). Our Privacy Notice is available at www.pentlandcanoecub.org.uk

We may change our Privacy Notice from time to time. Please check this policy frequently to ensure you are aware of the most recent version and the date that it was last updated.

The club utilises email or social networking tools such as Twitter, Facebook and Instagram to inform members, and those who have registered an interest, about activities and events.

Communications

To help us ensure we only send information relevant to you and do not send information you do not wish to receive, please manage your preferences below.

Membership Communications

If you **DO NOT** wish to receive any of the following membership communications, please tick the boxes below:

- I DO NOT wish to receive the members email newsletter
- I DO NOT wish to receive emails from the Club (**Note by ticking this option you may not be informed about Club activities and events**)

Electronic Marketing

Opt in to receive information on SCA events

- I would like to receive information via email on SCA activities, events, tournaments and competitions.
- I would like to receive information from SCA via email on other paddlesport activities, events, courses and competitions organised by SCA Affiliated Clubs, SCA approved course providers, Quality Mark Providers or events endorsed by SCA. We will not share your details with any other party.

Further information / Contact Us

You may change your preferences at any time by contacting dpo@pentlandcanoecub.org.uk .

By signing this form you agree that we may use and disclose your information for the purposes described above.

Signature

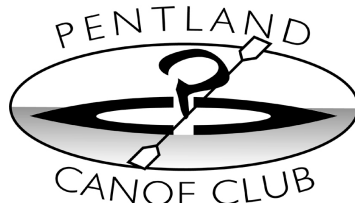
Date

(The signature of a parent or guardian is required if the applicant(s) is under 18 on 1 January 2022)

Date of Birth (For Youth and Associate Members only):

PLEASE RETURN COMPLETED FORM TO:

Ken Nicol
Sandaig,
Crescent Street
HALKIRK KW12 6XN



MEDICAL & EMERGENCY CONTACT DETAILS

Name:

MEDICAL DETAILS

Details of disability, medical conditions including any medication taken or any other information the club should be aware of: **(if not applicable, write None)**

EMERGENCY CONTACT DETAILS

Name:

Relationship to Member:

Address:

Tel No:

Home:

Work:

Mobile:

Email:

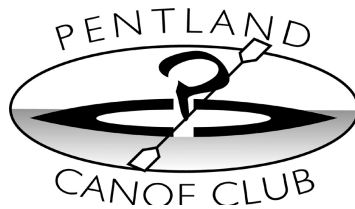
Data Protection

I **AGREE** to this information being shared with the Club Coaches or individuals organising Club activities (please tick)

Complete one form per individual

PLEASE RETURN COMPLETED FORM TO:

Ken Nicol
Sandaig,
Crescent Street
HALKIRK KW12 6XN



CONSENT TO PHOTOGRAPH **(UNDER 18s ONLY)**

Name:

I give permission for members of the Pentland Canoe Club or other paddlers to photograph / video my child during Club activities, for the purposes detailed below¹:

	PERMISSION²	
	Yes	No
Photographs:		
Display in personal photo albums	<input type="checkbox"/>	<input type="checkbox"/>
Share photographs with other Club members	<input type="checkbox"/>	<input type="checkbox"/>
Display in the Club's scrapbook or publish in the Club's news letter	<input type="checkbox"/>	<input type="checkbox"/>
Use the photograph on the Club's website in including the Club's social networking websites	<input type="checkbox"/>	<input type="checkbox"/>
Use still photos in promotional materials including press releases and articles	<input type="checkbox"/>	<input type="checkbox"/>
Use the photographs in presentations about the Club or the sport	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Share the video with other Club members	<input type="checkbox"/>	<input type="checkbox"/>
Display the video on the Club's website in including the Club's social networking websites	<input type="checkbox"/>	<input type="checkbox"/>
Use the videos in promotional materials	<input type="checkbox"/>	<input type="checkbox"/>
Use the videos in presentations about the Club or the sport	<input type="checkbox"/>	<input type="checkbox"/>

I understand that it is my responsibility to update this form in the event that I no longer wish to authorise one or more of the above uses. I agree that this form will remain in effect during the membership of the Club.

.....
Signature

.....
Date

(The signature of a parent or guardian is required if the named individual is under 18 on 1 January 2022)

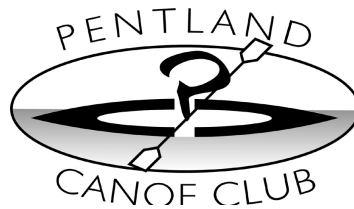
Complete one form per individual

¹ Delete as appropriate

² Tick as appropriate

PLEASE RETURN COMPLETED FORM TO:

Ken Nicol
Sandaig,
Crescent Street
HALKIRK KW12 6XN



DECLARATION

Name

Swimming / Water Confidence

- I can swim 50 metres in light swimming clothing.

Risks

- I hereby agree to abide by the rules of the Pentland Canoe Club
- Canoeing and kayaking are "Assumed Risk" water contact sports that may carry attendant risks. Participants should be aware of these and accept these risks and be responsible for their own action and involvement. I understand that canoeing and kayaking are undertaken at my own risk.

Medical Conditions, Allergies, or Disabilities

- The medical details form has been completed with details of any disability or medical conditions.
- I understand that this information will be passed on, in confidence, to selected Committee members and coaches in order to minimise the risk to myself and other Club members.
- I agree for details on Medical Conditions, Allergies, or Disabilities medical conditions which might affect your ability to paddle (eg epilepsy, asthma) to be given to Club Coaches / Leaders.
- I undertake to inform the Club, in writing, if I subsequently develop any medical condition or disability and I understand my responsibility to ensure that any medical information held by the Club is kept up to date.

Emergency Contact Details

- The club has been advised in writing of my emergency contact details.
- I understand my responsibility to ensure that this information held by the Club is kept up to date.

Data Protection

- The Club's data protection form has been completed.

Equipment

- I understand that we will be liable for repair / replacement of Club equipment damaged through misuse.

.....
Signature

.....
Date

(The signature of a parent or guardian is required if the applicant(s) is under 18 on 1 January 2022)

Date of Birth (For Youth and Associate Members only):

A Declaration Form MUST be completed for Each Individual

PLEASE RETURN COMPLETED FORM TO:

Ken Nicol
Sandaig,
Crescent Street
HALKIRK KW12 6XN