

2024 MEMBERSHIP FORM

Please use BL	OCK CAP	<u>PITALS</u> throughout		
Name:				
Address:				
Post Code				
Tel Nos:	Home			
	Mobile			
Email:				
Date of Birt	h			
SCA Number	_			
Please circle th	ne membe	rship applied for	Non SCA Member	SCA Member
ADULT		(Person aged 18 – 64 on 1 January 2024)	£58	£52
CONCESSION		(Person aged 65 or over – not in full time employment, full time student, or person in receipt of state benefit).	£42	£37
YOUNG PERSON		Young person must be between 14 and 18 years of age on 1 January 2024)	£31	£26
JUNIOR		Must be between 12 and 14 years of age on 1 January 2024; membership for pool sessions only)	£16	£16
FAMILY		Family members (Limited to 2 adults and 2 children under 18) [Complete a form for each member]	£90	£78
ASSOCIATE		(Individuals living outside of the KW1 - 8; KW11 - KW14 postcode areas) {Note these are generally the Dounreay Travel to work postcodes)	50% of relevant category [Adult / Concession / Young Person / Junior / Family]	
Bank Tra [Account 00102688	nsfer. Name: Po B; Referen	entland Canoe Club; Sort Code: 83-27-23; Acco ce: Use 2024 followed by your surname (No spa to Pentland Canoe Club		er:

The Declaration Form and Medical & Emergency Contact Details Form $\underline{\text{MUST}}$ be completed

PLEASE RETURN COMPLETED FORM TO:

- Pentland Canoe Club, c/o Sandaig, Crescent Street, HALKIRK KW12 6XN
- Or email to <u>mail@pentlandcanoeclub.org.uk</u>



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.pentlandcanoeclub.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.

(The signature of a parent or guardian is required if the applicant(s) is under 18 or	n 1 January 2024)
Signature	Date
By signing this form you agree that we may use and disclose your information f	or the purposes described above.
Further information / Contact Us You may change your preferences at any time by contacting dpo@pentlandcar	noeclub.org.uk .
I would like to receive information via email on SCA activities, events I would like to receive information from SCA via email on other padd competitions organised by SCA Affiliated Clubs, SCA approved course events endorsed by SCA. We will not share your details with any other	lesport activities, events, courses and providers, Quality Mark Providers or
Electronic Marketing Opt in to receive information on SCA events	
I DO NOT wish to receive the members email newsletter I DO NOT wish to receive emails from the Club (Note by ticking this cabout Club activities and events)	option you may not be informed
Membership Communications If you DO NOT wish to receive any of the following membership communication	ns, please tick the boxes below:

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Date of Birth (For Young Person and Junior Members only):



MEDICAL & EMERGENCY CONTACT DETAILS

[Complete one form per individual member]

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)							
	EMERGEN	CY CONTACT DETAILS					
Name:							
Relationship to	Member:						
Address:							
Tel No:	Home:						
	Mobile:						
Email:							
Data Protection							
I AGREE to this inform Club activities (please		ed with the Club Coaches or individuals organising					

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CONSENT TO PHOTOGRAPH (UNDER 18s ONLY)

Name:		
I give permission for members of the Pentland Canoe Club of to photograph / video my child during Club activities, for the phelow ¹ :	•	
TYPE OF USE		SSION ²
Photographs:	Yes	No
Display in personal photo albums		
Share photographs with other Club members		
Display in the Club's scrapbook or publish in the Club's news letter		
Use the photograph on the Club's website in including the Club's social networking websites		
Use still photos in promotional materials including press releases and articles		
Use the photographs in presentations about the Club or the sport		
Videos:		
Share the video with other Club members		
Display the video on the Club's website in including the Club's social networking websites		
Use the videos in promotional materials		
Use the videos in presentations about the Club or the sport		
I understand that it is my responsibility to update this form in no longer wish to authorise one or more of the above uses. I form will remain in effect during the membership of the Club.	agree that	
Signature	Dat	
(The signature of a parent or guardian is required if the named individual is under 18 on Complete one form per individual	1 January 2024)	

² Tick as appropriate PLEASE RETURN COMPLETED FORM TO:

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¹ Delete as appropriate



DECLARATION

[Complete one form per individual member]

Name
Swimming / Water Confidence
I we 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 2024)

Date of Birth (For Young Person and Junior Members only):

A Declaration Form MUST be completed for Each Individual

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