Knottingley Canoe Club

Registration Form

Personal information				
Name				
Phone number				
Address				
Date of birth				
Gender	Male ☐	Female ☐	Non-binary ☐	Another description (please state) ☐
Paddle UK membership	No ☐	Yes – please provide membership number ☐		

Medical information		
Are there any specific medical conditions requiring medical treatment?	No ☐	Yes – please give details ☐
Details of medication required (e.g. pills, inhaler)		
Are there any other medical conditions or disabilities to be aware of?	No ☐	Yes – please give details ☐
Do you have any allergies?	No ☐	Yes – please give details ☐

Emergency contact information			
Name of person		Relationship	
Contact number(s)			

Signature	
Signature	
Today's Date	

Your personal information will be securely stored and shared only with coaches, relevant club personnel, and Paddle UK where necessary to support your participation, safety, and affiliation. For details on how we handle your data, please refer to our Privacy Policy on our website.

Photography Consent (16+)

Knottingley Canoe Club will take all steps to ensure these images are used solely for the purposes for which they are intended. If you become aware that these images are being used inappropriately, please inform us immediately.

Photography and filming consent	
Please tick each box (or strike out what you do not consent to), then sign this form.	
☐ I give permission for my photograph to be used within the club for display purposes.	
☐ I give permission for my photograph to be used within other printed publications.	
☐ I give permission for my photograph to be used on the club's website.	
☐ I give permission for my photograph to be used on the club's social media pages.	
☐ I give permission for video of me to be used on the club's website.	
☐ I give permission for video of me to be used on the club's social media pages.	
☐ I give permission for video of me to be used for training or analysis purposes.	
Signature	
Print name	
Today's date	

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Membership Agreement (Adult)

Declaration of consent	
Please tick the boxes below and then sign this form.	
☐ I understand that canoeing is undertaken at my own risk and I give my full consent to my participation in club activities.	
☐ I confirm that I do not suffer from any disability or medical condition; other than stated above; which may render me unfit for strenuous exercise.	
☐ I give my consent that if an emergency medical situation arises, the club may administer first aid and/or other medical treatment that in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances all reasonable steps will be taken.	
☐ I confirm that I have read, or been made of the organisation's: • codes of conduct for members and coaches • communications policy • changing-room policy • policies on photography, videoing and use of social media	
Signature	
Print name	
Today's date	

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