

# Registration Form

| Personal information |                                  |                                                                    |                                        |                                                                |
|----------------------|----------------------------------|--------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------|
| Name                 |                                  |                                                                    |                                        |                                                                |
| Phone number         |                                  |                                                                    |                                        |                                                                |
| Address              |                                  |                                                                    |                                        |                                                                |
| Date of birth        |                                  |                                                                    |                                        |                                                                |
| Gender               | Male<br><input type="checkbox"/> | Female<br><input type="checkbox"/>                                 | Non-binary<br><input type="checkbox"/> | Another description (please state)<br><input type="checkbox"/> |
| Paddle UK membership | No<br><input type="checkbox"/>   | Yes – please provide membership number<br><input type="checkbox"/> |                                        |                                                                |

| Medical information                                                    |                                |                                                       |
|------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------|
| Are there any specific medical conditions requiring medical treatment? | No<br><input type="checkbox"/> | Yes – please give details<br><input type="checkbox"/> |
| Details of medication required (e.g. pills, inhaler)                   |                                |                                                       |
| Are there any other medical conditions or disabilities to be aware of? | No<br><input type="checkbox"/> | Yes – please give details<br><input type="checkbox"/> |
| Do you have any allergies?                                             | No<br><input type="checkbox"/> | Yes – please give details<br><input type="checkbox"/> |

| 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 (Child)

| Declaration of consent (Parent or guardian)                                                                                                                                                                                                                                                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Please tick the boxes below and then sign this form.                                                                                                                                                                                                                                                                                                  |  |
| <input type="checkbox"/> I understand that canoeing is undertaken at my child's own risk, and I give my full consent for their participation in club activities.                                                                                                                                                                                      |  |
| <input type="checkbox"/> I confirm that my child does not have any disability or medical condition, other than those stated above, that may render them unfit for strenuous exercise.                                                                                                                                                                 |  |
| <input type="checkbox"/> I give my consent that if an emergency medical situation arises, the club may act in loco parentis for administration of 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. |  |
| <input type="checkbox"/> I confirm that I have read, or been made of the organisation's: <ul style="list-style-type: none"> <li>• codes of conduct for parents, coaches and children</li> <li>• communications policy</li> <li>• changing-room policy</li> <li>• policies on photography, videoing and use of social media</li> </ul>                 |  |
| <input type="checkbox"/> I confirm that my child is aware of the Knottingley Canoe Club code of conduct for children.                                                                                                                                                                                                                                 |  |
| Signature                                                                                                                                                                                                                                                                                                                                             |  |
| Print name                                                                                                                                                                                                                                                                                                                                            |  |
| Today's date                                                                                                                                                                                                                                                                                                                                          |  |

The term ***in loco parentis***, Latin for "in the place of a parent", refers to the legal responsibility of a person or organisation to take on some of the functions and responsibilities of a parent.

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