

**South Skye and Lochalsh Kayak Club**  
**Membership Application Form**

**NAME:**

**DATE OF BIRTH:** (Required for insurance)

**GENDER:**

**ADDRESS:**

**POSTCODE**

**Phone:**

**Mobile:**

**Email:**

**Can we share your email address with fellow club members?** Yes/No

**Emergency contact number:**

**Name:**

**Relationship to contact:**

**FAMILY MEMBERSHIP:** Children must be 10 years old to become members.

1:	Date of birth	Gender
2:	Date of birth	Gender
3:	Date of birth	Gender
4:	Date of birth	Gender
5:	Date of birth	Gender

**Medical condition/medications of which we should be aware:** (all applicants)

**Is there anything else we should know about your child to enable coaches and helpers ensure they have the best possible experience with the club?** This could be about their preferred learning style, any anxieties we should know about etc.

**If you hold any relevant qualifications e.g. BCU/UKCC leadership or coaching awards in any paddle sport discipline, Foundation Safety & Rescue, current First Aid Certificate then please list them here:**

**Are you a member of the Scottish Canoe Association? :** Yes/No

**If 'yes': SCA Membership number:**

If 'no': The SCA would like to send you information about SCA activities, events, and competitions as well as those of selected third parties (including SCA partner organisations). They may also wish to share your information with other organisations (such as sponsors) so that they may send you information about their products and services. If you agree to your information being shared in this way, please tick the appropriate boxes: Post                      Email

**The South Skye and Lochalsh Kayak Club will not share any member details with any third party other than the Scottish Canoe Association.**

**I agree that images of me / my children taken at club events may be shared on the club Facebook page and similar club communications:** Yes/No

**I agree to abide by the SCA code of conduct:** Please follow the link on the membership page to read this.

**Signature:**

**If under 16**

Should it be necessary I give consent for my child to have emergency hospital treatment and understand that I will be notified as soon as possible.

**Signature of parent or guardian:**