



Viking Kayak Club

Membership Application Form

Please complete all sheets, using **BLOCK CAPITALS**. Sign and forward the completed form with a cheque for the appropriate fee (made payable to Viking Kayak Club) to :

Dee Louisy (Membership Secretary)
18 Amphill Street
BEDFORD
MK42 9BU

- £95 Family Membership (1-2 Adults and/or at least 1 child at same address):
- £65 Adult Membership (18 years and over):
- £40 Youth Membership (up to 17 years inclusive):
- £40 Senior Citizen Membership:
- £40 Student Membership:
- £40 Social Membership:
- £40 Concessionary:
- £10 Day Membership inc Equipment:
- £5 Day Membership excl Equipment:

Please tick appropriate box. Quarterly standing orders can be arranged for a full year's subscription. See membership Secretary for details.

**** Only the first named member in a Family membership is eligible to vote at club general meetings***

BCU number & category of membership	*1	2	3	4
Full Names				
D.O.B (all applicants)				
Current School (Youth members)				
Mobile numbers				
email addresses				
Do you want to be on members' contact list?	Yes	No	Yes	No
Do you want to receive The Paddler by email?	Yes	No	Yes	No
Address				Post Code
Home phone number			Work phone number	
BCU Star Awards				
BCU/UKCC Coaching awards & level				
Lifesaving/ First Aid Certs. & renewal date				

<p>Which areas of kayaking & canoeing are you particularly interested in?</p> <p>Please tick all that apply.</p>	kayaking	kayaking	kayaking	kayaking	
	canoeing	canoeing	canoeing	canoeing	
	touring	touring	touring	touring	
	marathon/sprint racing	marathon/sprint racing	marathon/sprint racing	marathon/sprint racing	
	slalom	slalom	slalom	slalom	
	polo	polo	polo	polo	
	freestyle/play-boating	freestyle/play-boating	freestyle/play-boating	freestyle/play-boating	
	white water river running	white water river running	white water river running	white water river running	
	surf kayaking	surf kayaking	surf kayaking	surf kayaking	
	open canoe trips	open canoe trips	open canoe trips	open canoe trips	
	sea kayaking	sea kayaking	sea kayaking	sea kayaking	
	white water racing	white water racing	white water racing	white water racing	
	wild water racing	wild water racing	wild water racing	wild water racing	
other (please state)	other (please state)	other (please state)	other (please state)		
<p>The club is run by volunteers.</p> <p>Please tick any activities that you would be able to help with.</p>	coaching	coaching	coaching	coaching	
	assisting coaches	assisting coaches	assisting coaches	assisting coaches	
	helping on club nights	helping on club nights	helping on club nights	helping on club nights	
	committee	committee	committee	committee	
	admin & photocopying	admin & photocopying	admin & photocopying	admin & photocopying	
	external liaison	external liaison	external liaison	external liaison	
	press & publicity	press & publicity	press & publicity	press & publicity	
	catering at events	catering at events	catering at events	Catering at events	
	equipment & repairs	equipment & repairs	equipment & repairs	equipment & repairs	
	transport & storage	transport & storage	transport & storage	transport & storage	
	fund raising	fund raising	fund raising	fund raising	
	organising events/competitions	organising events/competitions	organising events/competitions	organising events/competitions	
	organising trips	organising trips	organising trips	organising trips	
	organising social events	organising social events	organising social events	organising social events	
	marshalling/judging	marshalling/judging	marshalling/judging	Marshalling/judging	
	IT support	IT support	IT support	IT support	
taking minutes of meetings	taking minutes of meetings	taking minutes of meetings	taking minutes of meetings		
other (please state)	other (please state)	other (please state)	other (please state)		

How would you describe your ethnic background? (Please put numbering box for each member) <i>This information is used anonymously in funding applications that support our activities.</i> <i>Ignore this table if you prefer not to state</i>	1. Afro-Caribbean <input type="checkbox"/>	1. Afro-Caribbean <input type="checkbox"/>	1. Afro-Caribbean <input type="checkbox"/>	1. Afro-Caribbean <input type="checkbox"/>
	2. African <input type="checkbox"/>	2. African <input type="checkbox"/>	2. African <input type="checkbox"/>	2. African <input type="checkbox"/>
	3. Bangladeshi <input type="checkbox"/>	3. Bangladeshi <input type="checkbox"/>	3. Bangladeshi <input type="checkbox"/>	3. Bangladeshi <input type="checkbox"/>
	4. Chinese <input type="checkbox"/>	4. Chinese <input type="checkbox"/>	4. Chinese <input type="checkbox"/>	4. Chinese <input type="checkbox"/>
	5. European <input type="checkbox"/>	5. European <input type="checkbox"/>	5. European <input type="checkbox"/>	5. European <input type="checkbox"/>
	6. Indian <input type="checkbox"/>	6. Indian <input type="checkbox"/>	6. Indian <input type="checkbox"/>	6. Indian <input type="checkbox"/>
	7. Mixed race <input type="checkbox"/>	7. Mixed race <input type="checkbox"/>	7. Mixed race <input type="checkbox"/>	7. Mixed race <input type="checkbox"/>
	8. Pakistani <input type="checkbox"/>	8. Pakistani <input type="checkbox"/>	8. Pakistani <input type="checkbox"/>	8. Pakistani <input type="checkbox"/>
	9. White British <input type="checkbox"/>	9. White British <input type="checkbox"/>	9. White British <input type="checkbox"/>	9. White British <input type="checkbox"/>
	10. Other (please state) <input type="checkbox"/>	10. Other (please state) <input type="checkbox"/>	10. Other (please state) <input type="checkbox"/>	10. Other (please state) <input type="checkbox"/>
Do adult applicants (over 18) agree to CRB check? (This is desirable for any adults working alongside youth members.)	Yes	No	Yes	No

Do any applicants consider themselves to have a disability?	Yes	If so, what is the nature of the disability?	Would you like to tell us, separately, how the club can help you to paddle safely and enjoyably?	Yes
	No			No

In case of emergency contact: <i>person's name</i>			Relationship	
Emergency contact numbers (inc. area code)	Home	Mobile	Work	

Medical information: If any of the members covered by this form have any long-term or permanent medical condition which may affect them while paddling, for example Asthma, Diabetes, Epilepsy, please provide details (Remember to include the name of the affected person). Such conditions will not, under most circumstances, prevent the affected person from paddling. This information may be supplied to event organisers where appropriate.

If nobody is affected please state NONE.

Assumed Risk Sport:

Please read.

Canoeing and kayaking are **water contact** sports that carry **assumed risk**. Participants should be aware of and accept these risks and be responsible for their own actions and involvement in the sport.

By signing this form you are accepting the above statement on your own behalf and, in the case of family membership, on behalf of each family member.

Name

(parent/guardian if signing for child member)
Please Print

Signature

(of first member for family membership)

Date

Please tell us how you heard about the club:

From a friend	
Come & Try It Day	
Internet	
Newspaper article	
Radio	
Other (please state)	