| BLades Membership Application | | | | | | |
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| Applicant Information | | | | | | |
| **Membership Type** | Adult £80 + £5 per session | | | | Junior £10 + £3 per session |  |
| First Name | | | | | | |
| Surname | | Date of birth: | | Phone: | | |
| Current address: | | | | | | |
| City: | | Post Code: | | | | |
| Gender | | Male Female | | DOB | |  |
| **Contact details** *Junior - to be completed with contact details of the parent/guardian, not the junior* | | | | | | |
| Home NumberPhone: | | | Mobile: | | | |
| E-mail: | | | | | | |
| Emergency Contact | | | | | | |
| First Name: | | | | Surname: | | |
| Phone: | | | | Home : | | |
| Current address: | | | | | | |
| Post Code: | | | | | | |
| Relationship: | | | | | | |
| information | | | | | | |
| **Ethnicity**  progress please tick  **☐** *White*  **☐** *Asian*  **☐** *Black or Black*  *British*  **☐** *Mixed*  **☐** *Other*  **☐** *Prefer not to say* | | **Age**  **☐** under 16  **☐** 16 - 25  **☐** 26 – 40  **☐** 41 – 60  **☐** over 60 | | **Disabilities**  **Do you have a disability, special need, or medical condition? (Please Circle)**  Yes No  If yes, what is the nature of your disability? | | |
| Experience and qualifications | | | | | | |
|  | | | | | | |
| Signatures | | | | | | |
| We are committed through accredited, trained, competent staff to provide a safe learning environment, *kayaking may* have some contact and injuries may occur through no negligence of our staff. We feel it is our responsibility to ensure the safety of the attendee and your responsibility to make sure they come well equipped for the activity, i.e. Correct footwear, appropriate clothing, lunch and appropriate drinks for hydration, medication (if applicable). I acknowledge and accept that the London Sports Trust shall not have any liability in respect with any loss or damage to property and give permission for my child to receive emergency medical treatment in my absence if deemed necessary. I have read and understood the information contained in the leaflet, and I am happy for information to be held about me for the purposes of council-funded services for young people in West London.  Data Protection Act 1988  - I agree that the information on this form may be held on computer and may be used in the administration of the Club.  -I agree that my/our contact details may be used in Club publications by prior agreement  Photography  The club follows NSPCC/BCU guidelines with all photography and video footage. Within this, the Club aims to celebrate the achievements of its members in Club material. Please indicate/tick the box if you would NOT want appropriate pictures released of you or your family.  **Disclaimer:** Weather and water conditions can change quickly and although very rare, dangerous situations can occur, including you falling into the water and/or the vessel capsizing which in turn could lead to injury and even death. Kayaking or canoeing is also a physical strenuous exercise. In order to participate in the Tour, **you MUST therefore**: **Be able to swim 25 metres; and be of reasonable health and physically able to partake in the Activity forming part of the Tour** And you warrant that this is the case and that you have disclosed to us at the time of booking any and all medical conditions, medication  or other issues that could have an impact on your participation in the Tour prior to the Tour Commencing. | | | | | | |
| Signature of applicant: | | | | Date: | | |