9 Handel Walk
Tonbridge
Kent TN10 4DG
Tel: 01732 361759

Dear

In view of the potential dangers associated with canoeing, the Club and its officers wish to make it clear to all members, and particularly parents of junior members, that no liability can be accepted by the Club or its officers for any accident or injury which may occur to members of the Club or to members of the public through actions of Club members whilst they are engaged in any activities related to the Club.

It is recommended that junior members be equipped with buoyancy aids and should wear them at all times when on the water. All juniors must be accompanied by a suitably qualified or experienced adult whilst canoeing. It is the junior's responsibility to only launch their boat with such suitable adult supervision.

Parents of junior members are asked to complete the enclosed consent forms. These forms will enable junior members to obtain medical aid quickly should it be necessary, either at the club or away at an event.

Yours sincerely

Louise Neale
Membership Secretary
email: enquiries@tonbridgecanoeclub.org.uk

Please fill in details overleaf

CLUB ACTIVITY CONSENT FORM

Where young people participate in trips or events away from the club, parents or carers should be given full details regarding the organisation and administration of the activity, trip or event.

This form should be signed and returned to the club before any activity or trip takes place. One copy should be given to the activity organiser/ coach and should be kept with them at all times. The original should stay with a nominated club official.

Consent, please read carefully:

- I have had the activities of the club explained and agree to my son/ daughter taking part in these activities.
- I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed.
- I consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.
- I consent that photographs taken by authorised personnel of my son/ daughter at BCU or club events may be used to promote Paddlesport and confirm that my son/ daughter is not subject to any court order prohibiting publication of their image.
- I consent to my son/ daughter travelling by any form of public transport, minibus or motor vehicle driven by a club coach or any other parent attending, to any event in which the club is participating.
- I agree to be at the pick-up/ drop-off point at the agreed time.
- I understand that the club or organisers accept no responsibility for loss, damage or injury caused by or during attendance on any of the clubs organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the club or the organisers.

Name of Child:_____ **Date of Birth:**_____

Please give your home address and phone numbers. If you will be away from home during the trip please give an alternative address where you, or a relative or friend acting for you, can be contacted.

Address: _____

Postcode: _____

Tel: _____

Mobile: _____

Family Doctor: _____

Doctor's Tel: _____

Alternative Contact

Name: _____

Relationship to Child: _____

Address: _____

Postcode: _____

Tel: _____

Mobile: _____

In your child's interests, it is important that the organising staff should know whether he or she suffers from any illness or medical condition. Please use the space below to state in confidence any health or other matters concerning your child of which accompanying club members should be aware. Please also indicate if your child is receiving any medication, with details and dosage, and/ or specific dietary requirements.

Please state any medical conditions, medication and/ or dietary requirements:

Parent/ Carer:_____

Signed:_____ **Date:** _____