

**- BVCC TRIP CONSENT AND HEALTH DETAILS FORM -**

*PLEASE READ THE TRIP CONSENT FORM NOTES CAREFULLY BEFORE COMPLETING THE FORM*

Name:		Age:		BCU Number:	
Mobile Number: (for duration of trip):					

Next of Kin:		Relation to Member:	
Next of Kin's Address (for duration of trip):			
Next of Kin's Tel Number (for duration of trip):			

Doctor:		Practice:	
Practice Address:			

Are you currently being treated for any medical condition or taking any drugs?	<b>YES/ NO</b> (Please Circle)
Do you suffer from: Diabetes, Epilepsy, Convulsions, Asthma, or any other condition that your leader should know about?	<b>YES/ NO</b> (Please Circle)
If you have answered YES to any of the above, please specify:	

**YOU ARE ADVISED TO ENSURE THAT YOUR TETANUS VACCINATION IS UP-TO-DATE**

**DECLARATION:-** I have read and understood the notes prior to printing. I am aware that canoeing is a potentially dangerous sport and I will obey the leader's or his/her deputy's requests on and off the water during any club trip as they are based on water levels, weather conditions, group ability and safety, and are final.

I accept that Blackwater Valley Canoe Club; its Leaders, Instructors and members cannot be held responsible for any injury or loss sustained during a club trip. I can swim 50 metres and know of no reason why I should not take part in club activities. All of the above information is correct and up-to-date.

Signed:		Date:	
Trip:		Trip Date:	
Parent/ Guardian: (if under 18)		Date:	