## Blackwater Valley Canoe Club Group "Come and Try it" Form



GROUP DETAILS  Please ensure the contact name and number are correct and up to date. Parents/Carers should also sign to agree that they are happy with all the declarations stated below.  Full Name Gender DOB Medical/Learning Requirements Parent/Carer Name Parent/Carer No. Parent/Carer Signature							
Full Name	Gender	DOB	Medical/Learning Requirements	Parent/Carer Name	Parent/Carer No.	Parent/Carer Signature	
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## Blackwater Valley Canoe Club Group "Come and Try it" Form



Date

GROUP EMERGENCY CONTACT								
Please provide information below of the person(s) who should be contacted in the event of an incident/accident on behalf of the group members.								
CONTACT DETAILS	S	Work Phone						
Full Name		Home Phone						
Address		Mobile Phone						
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. We do support a picture gallery on our website and use pictures in other Club material.  Please tick the box if you would NOT want appropriate pictures released of you or your family or group.								
Flease lick life box if y	700 Would NOT Want appropriate pictures released of you of your family	y or group.						
DECLARATIONS  By signing below, I agree I have read and understood the points below that myself/son/daughter/child/group.  Have had the activities explained and agree to participate in the activities/event.  Understand that the club/ organisers accept no responsibility for loss, damage or injury caused by or during attendance of the organised activity/ event except where such loss, damage or injury can be shown to result directly from the negligence of the club/organisers.  Confirm that those listed are to the best of my knowledge the only known medication and medical conditions of the participant.  understand that the BCU/ Canoe England is insured for its civil liabilities as organiser of the event and that there is no personal accident cover for participants.  We are responsible for completing this form accurately and including all details that might be needed by the person in charge. I am responsible for any errors and omissions to personal information and accept liability for any direct or indirect consequences that might arise from these errors or omissions.  Confirm that my son/daughter/child/group are not subject to any court order prohibiting publication of their image.  Consent to my son/daughter/child/group travelling by any form of transport arranged or approved by the organisation and related to the specific activity/event.  Agree to be at the pick-up/ drop-off point at the agreed time.  Please delete as necessary:  We give consent to ANY treatment to be provided in the event of an emergency  We give consent for any medical treatment to be provide EXCLUDING:								

Group Representative

Signed