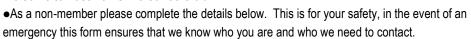
EYCC TASTER SESSION PARTICIPATION FORM 2025

Welcome to East Yorkshire Canoe Club





- •As a club we are affiiliated to Paddle UK and covered by their Employer's Liability Insurance.

| Please hand this form in at | ease hand this form in at the pond, or email to: treasurereycc@gmail.com /e also require a fully completed medical form! | | | | | | | | | | | | | | East Yorkshire Canoe Club | | | | | | | |
|--|---|----------|----------|----------|----------------------|--------|------------|-----------|----------|-------------------------------|----------|------------|----------|-----------|---------------------------|----------|-----------|----------|---|---|--|--|
| PAYMENTS | | | | | All individuals (£8) | | | | | | | | | | | 30-98-97 | | | | | | |
| It's easier for the club if you pay by On-line Banking (please add your nar | | | | | | | | | | ne as the payment reference.) | | | | | | 85863860 | | | | | | |
| IMPORTANT: Please co | IMPORTANT: Please complete your details in CAPITAL LETTERS. | | | | | | | | | | | | | | | | | | | | | |
| SECTION 1 - PERSONAL DETAILS | | | | | | | | | | | | | | | | | | | | | | |
| FIRST NAME | | | | | | | | | | | | | | | | | | | | | | |
| SURNAME | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| POSTCODE | | | | | | | | |] | | | | | | | | | | | | | |
| DATE OF BIRTH | D | D | M | M | Υ | Υ | Υ | Υ | Ī | | | | | | | | | | | | | |
| TELEPHONE No. | | | | | | | | | | L | | | | | | L | L | L | | | | |
| EMAIL ADDRESS | | | | | | | | | | | | | | | | | | | | | | |
| | | | <u> </u> | <u> </u> | | | | | <u> </u> | <u> </u> | | | | | | <u> </u> | <u> </u> | <u> </u> | | | | |
| I/ We do consent for ima | ges. | audio | and | / or v | · /ideos | s to b | e tak | en of | the | name | d pe | son(| s) du | ring ı | oond | | | | | | | |
| I/ We do consent for images, audio and/ or videos to be taken of the named person(s) during pond sessions and organised club events for promotional purposes. Yes No | | | | | | | | | | | | | | | | | | | | | | |
| As a club participant, I/ \ | Ne w | ill full | y cor | nply \ | with a | all Ea | st Yo | rkshi | re Ca | noe | Club' | s rule | s an | d cor | nditio | ns. | | | | | | |
| These are available on o | our w | ebsite | e or s | speak | to a | club | comi | nitte | e me | nber | for a | n ele | ctron | ic co | ру. | | | | | | | |
| SECTION 2 - EMERGENC | Y COI | NTAC | T DE | ΓAILS | ; | | | | | | | | | | | | | | | | | |
| FIRST NAME | | | | | | | | | | | | | | | | | | | | | | |
| SURNAME | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP | | | | | | | | | | | | | | | | | | | | | | |
| TELEPHONE No | | | | | | | | | | | | | | | | | | | | | | |
| Please indicate any med | dical o | condi | tion v | vhich | may | give | caus | e coi | ncerr | whe | n car | oein | g/ ka | yakin | g: | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 3 - DECLARATION SECTION 3 - DECLARATION SECTION 3 - DECLARATION SECTION SECTION SECTION SECTION SECTION 3 - DECLARATION SECTION 3 - DECLARATION SECTION 3 - DECLARATION SECTION 3 - DECLARATION SECTION SECTIO | | | | | Mot | or C | ntoc | 4 Cn | orto | which | may | oorr | v otto | ndor | at riol | <u></u> | | | | | | |
| 1 ' ' ' | | | | | | | | • | | | • | | • | | | | of pro | perty | , | | | |
| I understand that the activities I may participate in will expose me to many hazards and involve the risk of property damage, loss and even personal injury, illness or death. Participants should be aware of and accept these risks | | | | | | | | | | | | | | | | | | | | | | |
| and be responsible for the | and be responsible for their own actions and involvement. You as a participant/ member/ parent/ group leader/ | | | | | | | | | | | | | | | | | | | | | |
| carer accept this at your | | | | | | | alf of | group | os an | d mir | nors. | | | | | | | | | | | |
| - I/ We can swim mir | | | | | | | , 122 0 12 | . h . r . | liata | مامام | | مالم | onfir | na tha | الم اد | | | | | | | |
| Family membership children are 8 years | | - | | | | - | | | | | | | ontir | m tna | at all | | | | | | | |
| - Group Membership | | • | | | | | | | | | | | of th | eir a | าดเมด | | | | | | | |
| Any changes to the | | | - | | | - | | | | | | | J. 61 | y | Jup. | | | | | | | |
| | | | | | | | | | | | | | D | D | M | M | Υ | Υ | Υ | Υ | | |
| | SIG | NAT | URE | | | | | | | Please | note tha | it all per | sonal in | formation | n you p | rovide o | n this fo | rm, | | | | |
| I | | | | | | | | | | will bo | nrococc | od by Ea | ant Vark | nhiro Ca | noo Cli | h in oon | nnlianoo | with the | • | | | |

Data Protection Act 2018 and will not be passed on to any third parties.