

Parental Consent Form for Junior Members for use between 01 April 2018 and 31 March 2019

This indemnity must be signed by the parent/guardian of any person under the age of 18. Although every effort will be made to ensure safety on all Club activities, we have to remind you of the potentially hazardous nature of the sport of canoeing. The information you provide on this form is for the use of Club Coaches and Club Approved Adult Paddlers providing supervision.

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Child's last name:	Child's first name:	Date of Birth:
	e following Addlestone Canoe C es you are agreeing to him/her t	lub activities. Please tick the appropriate aking part in:
Training under the superv	ision of qualified coaches on the	Wey Navigation
Supervised fun days and	games sessions on the Wey nav	igation
Moving water training und	er the supervision of qualified co	paches at Thames and other local Weirs
Local flat water journeys le	ed by qualified coaches and/or a	pproved suitably experienced adult canoeists
concerning your child or which ac should be aware. In your child's interest, it is impor should know if he or she suffers f	tant that the organising staff rom any illness or medical your child is receiving medication,	
I confirm that:		
My child is able to swim 2	5 metres in light clothing while w	earing a buoyancy aid
To the best of my knowled	lge my child does not suffer from	any medical condition other than those listed.
I understand if my child is	under 12 years of age a parent	or carer is expected to remain at the club
I consent to my child receimay be necessary.	iving medical treatment which, in	the opinion of a qualified medical practitioner,
during attendance on any		esibility for loss, damage or injury caused by or except where such loss, damage or injury can or Organisers.
I have completed the ACC Da	ata Protection Acknowledgement.	
On some occasions photos may be any objection.	pe taken for use by the club in prom	otional material. Please indicate if you have
Signed		Date
If sending electronically insert email a	address as "electronic signature".	
Name		

Please print the name of the person who has signed above.