

# Angus Canoe Club



Please complete this form. This information will be held on a database for future communications from the **Angus Canoe Club**.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Tel No: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

**Do you have any canoeing qualifications, i.e. personal/coaching?**

(Please tick) Yes  No

If Yes, please give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you interested in driving the mini bus?**

(Please tick) Yes  No

**What type of canoeing are you interested in? (please tick all that apply)**

Open Canoeing  Competition  Play Boating

Canoe Polo  Weekend Meets  Inland Kayaking

Sea Kayaking  Surf

**Do you have your own canoeing equipment?**

(Please tick) Yes  No

**cont'd**

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*Please return completed form to either of the following:*

*Alan O'Neill, Mains of Pitforthie, By Brechin, Angus, DD9 7PF*

*Iain Taylor, Bridgemill House, Northwaterbridge, Laurencekirk, Kincardineshire, AB30 1QJ*

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## Medical Data *(Please circle/delete as appropriate)*

Are you allergic to any medication/substance? YES / NO

If YES please indicate allergy: \_\_\_\_\_

Are you taking medication? YES / NO

If YES please detail medication, dosage and frequency: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will medication be self-administered? YES / NO

*(Please ensure you draw to the attention of the group leader any changes to above medication which will operate on location.)*

Name of Doctor: \_\_\_\_\_

Surgery Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Contact No: \_\_\_\_\_

Do you suffer from any medical or special needs/ condition which may affect your ability to participate in the excursion/ activity? eg. Epilepsy, incontinence, disablement, dyslexia etc YES / NO

If YES, please specify: \_\_\_\_\_

Have you suffered from any infections/contagious disease within the last 3 months? YES / NO

If YES, please specify: \_\_\_\_\_

*(Please advise the party leader if you catch any infections/ contagious disease prior to the commencement of the activity.)*

Do you wear spectacles and / or contact lenses? YES / NO

**cont'd**

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## Communication during excursion/activity

### Emergency contact:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

### Alternative contact:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

### Swimming Ability *(Please delete as appropriate)*

- I am / am not able to swim 50m (2 lengths of pool) in deep water unaided.
- I am a non-swimmer

### Communication

I prefer to be contacted by (please delete as appropriate) e-mail / telephone

**Thank you for taking the time to fill this form in – I am sure you can appreciate the necessity of the coaches responsible for trips of having accurate, up to date information of this type. Please be assured that the information will go no further than the coaches responsible for trips, and will not be made available to anyone outside that small group who do need to know to ensure your safety on club trips and activities.**

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