

University of Ulster Jordanstown Canoe Club
Personal Details Form

Personal Details

Name _____
Address _____

Postcode _____
Date of Birth ____/____/____ Age ____ Home Tel. _____ Mobile No. _____
Email Address: _____

Person to Contact in An Emergency

Name _____
Address _____

Postcode _____
Home Tel. _____ Work Tel. _____ Mobile No. _____

Medical Statement

I fully understand that it is my personal responsibility to seriously consider my personal health and fitness prior to taking part in any activity. Anyone suffering from any current or past personal medical condition or previous illness or injury(s) should consult their doctor regarding the suitability of their participation.

Do you have of any medical or physical condition, previous injury, or treatment regime that you think may affect your participation on any club activity or on the possible application of first aid / medical treatment in the unlikely event that you are involved in an accident? YES NO

Please give details _____

(*Please bring any medication/inhalers etc. with you when going canoeing)

If you have answered yes, please ask your doctor to complete the section below:

Your patient: _____ (patients name) has applied to participate as a member of University of Ulster Jordanstown Canoe Club. The activities undertaken in this club may involve strenuous physical exercise, exposure to cold and / or wet conditions and the lifting of heavy loads. Will their stated condition above, or any medical treatment that they are on, preclude them from participation on the above activities? YES NO

Signed: _____ Name: _____ Tel. _____

If NO Please give details: _____

Participation Statement

University of Ulster Jordanstown Canoe Club would like to draw your attention to the fact that canoeing is a risk sport even though statistically the risk is slight. Safety is an integral part of all our activity. I understand that whilst University of Ulster Jordanstown Canoe Club will do its utmost to safeguard me; canoeing can be a hazardous activity, and is undertaken at my own risk. I will follow the club code of conduct and follow the guidance given by activity leaders on all canoe club activities. I consent to emergency medical treatments being given if deemed necessary during the course of these activities. I confirm that I am capable of swimming 50 metres in light clothing.

Signed _____ Dated _____