

# Membership Details for The Sharks

Please provide the following information for each active paddler.

Name: ………………………………………………………………………………………………………………………M/F

Address: …………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………

Post Code: ………………………. Telephone number: ………………………………………………………….

Email Address: ………………………………………………………………………………………………………………..

Date of Birth …………………………….. School if applicable: ……………………………………………………

Parent or carer if under 16: …………………………………………………………………………………………….

Emergency Contact Telephone Number: …………………………………………………………………………..

Are there any special needs you would like us to be aware of that will help us to provide a better learning environment? Please continue overleaf if necessary.

Are there any medical needs you would like us to be aware of? Please continue overleaf if necessary.

Please note, we may take photographs of participants at our sessions, they will not be used or sold for commercial purposes, we may use them to promote The Sharks and The Sharks’ activities, please let us know if you do not want this to happen. We may share them with partner organisations, but not commercial organisations.

Information provided is confidential and will not be shared without your permission, it is just so we can keep a record of progress and for your safety.

We are a not-not-for-profit Club and we are affiliated to British Canoeing (100653), the Sport’s Governing Body.