

EYCC TASTER SESSION PARTICIPATION FORM 2026



Welcome to East Yorkshire Canoe Club

- As a non-member please complete the details below. This is for your safety, in the event of an emergency this form ensures that we know who you are and who we need to contact.
- As a club we are affiliated to Paddle UK and covered by their Employer's Liability Insurance.
- As a non-member we ask that you give the club a try for up to 4 club sessions and then join as a club member.

Please hand this form in at the pond, or email to: treasurereycc@gmail.com We also require a fully completed medical form! PAYMENTS <input type="checkbox"/> All individuals (£8) It's easier for the club if you pay by On-line Banking (please add your name as the payment reference.)	East Yorkshire Canoe Club 30-98-97 85863860
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IMPORTANT: Please complete your details in CAPITAL LETTERS.

SECTION 1 - PERSONAL DETAILS

FIRST NAME	<input style="width: 100%;" type="text"/>
SURNAME	<input style="width: 100%;" type="text"/>
ADDRESS	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
POSTCODE	<input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/>
DATE OF BIRTH	<input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>
TELEPHONE No.	<input style="width: 100%;" type="text"/>
EMAIL ADDRESS	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>

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/ We will fully comply with all East Yorkshire Canoe Club's rules and conditions. These are available on our website or speak to a club committee member for an electronic copy.

SECTION 2 - EMERGENCY CONTACT DETAILS

FIRST NAME	<input style="width: 100%;" type="text"/>
SURNAME	<input style="width: 100%;" type="text"/>
RELATIONSHIP	<input style="width: 100%;" type="text"/>
TELEPHONE No	<input style="width: 100%;" type="text"/>

Please indicate any medical condition which may give cause concern when canoeing/ kayaking:

SECTION 3 - DECLARATION OF CONSENT

Kayaking and Canoeing are **Assumed Risk Water Contact Sports** which may carry attendant risks. 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 their own actions and involvement. You as a participant/ member/ parent/ group leader/ carer accept this at your own risk/ will, and/ or on behalf of groups and minors.

- I/ We can swim minimum of 50 metres unaided.
- Family membership: I sign on behalf of the family members listed above and I confirm that all children are 8 years of age or over and can swim at least 50 metres unaided.
- Group Membership: Affiliated group leader to signature for all named members of their group.

Any changes to the group list must be submitted before getting on the water.

SIGNATURE

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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Please note that all personal information you provide on this form, will be processed by East Yorkshire Canoe Club in compliance with the Data Protection Act 2018 and will not be passed on to any third parties.