



9 Handel Walk
Tonbridge
Kent TN10 4DG
Tel: 01732 361759

Dear

In view of the potential dangers associated with canoeing, the Club and its officers wish to make it clear to all members, and particularly parents of junior members, that no liability can be accepted by the Club or its officers for any accident or injury which may occur to members of the Club or to members of the public through actions of Club members whilst they are engaged in any activities related to the Club.

It is recommended that consideration should be given, by all members of the Club, to taking out some form of third party liability insurance, and this can be done either by becoming a member of the British Canoe Union, or through private insurance. The Club is insured for some types of cover and details can be obtained from the Secretary if required.

It is also recommended that junior members be equipped with buoyancy aids and should wear them at all times when on the water. All juniors must be accompanied by a suitably qualified or experienced adult whilst canoeing. It is the junior's responsibility to only launch their boat with suitable adult supervision.

Parents of junior members are asked to complete the Medical Consent form overleaf. This form will enable the organisers of any event to obtain medical aid for the junior member quickly should it be necessary.

Yours sincerely

Louise Neale
Membership Secretary
email: enquiries@tonbridgecanoeclub.org.uk

Please fill in details overleaf

Medical Consent Form

To be completed by parent/guardian for all junior members, in case of emergency, whilst on Club organised activities.

Junior Member's Surname: _____ Given Name _____

Address: _____

Home Tel: _____ Date of Birth _____

E-mail: _____

Name of person to be contacted in case of emergency: _____

Contact Tel No(s): _____

E-mail: _____

G.P. Details:

Name: _____

Address: _____

Tel. No.: _____

Please answer the following questions

1. Does he/she suffer from any allergies (e.g. any particular food or drugs). Please give details:

2. Does he/she have any medical conditions:

3. When was his/her last tetanus injection/booster:

4. Is he/she undergoing any medical treatment at present. Please provide details:

Emergency Permission:

I, _____, being parent/guardian of the above named junior member hereby give my permission for an adult member of Tonbridge Canoe Club to authorise any treatment considered necessary by competent medical authorities, where it would be contrary to my son's/daughter's interest, in the doctor's opinion, for any delay to be incurred by seeking my personal consent.

Signed: _____ Date: _____