**  T4 - WOMBOURNE KAYAK CLUB TRIP PARTICIPANT CONSENT STATEMENT – (Adults, Under 18)**

***This template applies to British Canoeing and its Home Nation Associations.***

**Description of Activity Requiring Consent:**

**CLUB TRIPS/CLUB NIGHT:** Weekdays or Weekends, Jackfields **DATE:** 2020 – January 2021   **CLUB TRIPS/CLUB NIGHT LEADERS:**

Grade 1-2 Sheltered Water: John Teuwen, Nigel Lunn, and Rob Phillips (River Severn: Arley, Bewdley)

Grade 2-3 Moderate Water: Rich Dowen, Tim Kelly (River Vyrnwy)

**Name of Participant**………………………………... **Date of Birth (if under 18)**……………………...………

Please give your home address and phone numbers. If you / your son / daughter will be away from home during the activity please give an alternative address where you, a relative or friend acting for you, can be contacted. If you would prefer to discuss any aspect of this form then please contact the person in charge.

**PLEASE PRINT IN CAPITAL LETTERS**

|  |  |
| --- | --- |
| **Name of parent/guardian:** | **Emergency contact Name:** |
| **Relationship to participant:**  (if under 18) | **Relationship to participant:** |
| **Home address:**  **Post Code** | **Address:**  **Post Code:** |
| **Tel home:** | **Tel home:** |
| **Mobile:** | **Mobile:** |

**‘Go Canoeing’ Tour Participant Declaration**

1. I have watched and understood the safety brief given by the leader(s) for the trip, including the reading of the Risk Assessment.
2. I am taking part in. I have asked the leader(s) to clarify any points I am uncertain of.
3. I am aware that the activities I am to take part in are strenuous and an adventurous nature. I acknowledge such risk  and therefore accept the need for responsible behaviour, including listening to and following safety instructions.
4. I have no medical condition or disability, which may be relevant to me participating in  this activity.
5. I have been advised on the water quality issues.
6. I am not under the influence of Alcohol or Drugs.
7. Inform the club, if you can’t swim in order for the river leader to manage a capsized situation in open water, and note that all paddlers will not be allowed to participate in the activity without wearing a buoyancy aid, helmet and appropriate kit suitable for the weather conditions; drysuit for winter paddling.
8. I am aware that the session may be cancelled for operational, weather or environmental related safety issues.
9. I agree to abide by British Canoeing’s ‘Go Canoeing’ Code of Practice.” see Code of Conduct for Coaching Workforce.
10. Register “Next of Kin” mobile phone number on mobile in a “Locked” mode. Register 999 on Mobile Phone to assist Club’s Emergency Plan. Download “WhatsApp & What3words App”.
11. Keep a British Canoeing Logbook to record river trips & qualifications.

<https://www.britishcanoeingawarding.org.uk/code-of-conduct-for-coaching-workforce/>

[file:///C:/Users/John/Downloads/Code\_of\_Conduct\_Coaches\_Nov\_2018%20(2).pdf](file:///C:\Users\John\Downloads\Code_of_Conduct_Coaches_Nov_2018%20(2).pdf)

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| --- | --- |
| **Medical Consent**  It is important that the organising staff should know whether you / your child suffer from any illness or medical condition. Please use the space below to state in confidence any health or other matters concerning your child of which we should be aware. Please also indicate if you/ your child is receiving any medication, with details and dosage, and/ or specific dietary requirements. **Current Medical Conditions-** Do you/ your child suffer from:  **Allergies** Yes / No **Asthma** Yes / No  **Epilepsy** Yes / No **Diabetes** Yes / No  **Skin Conditions** (e.g. Eczema) Yes / No  **Recurring Headaches** Yes / No  **Other** ………………………………………………………..  **If you answered yes to any of the above please give details:**  **Do you/ your child have any specific dietary needs:**  Yes / No  Please specify if yes:  **Doctor’s Name**…………………………………………………………  **Doctor’s Tel:** …………………………………………………….. | **Do you/ your child experience any conditions requiring medical treatment and/or medication?**  Yes / No  If yes please give details:  Medication:  Method (e.g. injection, inhaler):  Dosage and frequency:  **Please provide any other information we should know which could affect our ability to work with you/ your child effectively:**  **Please detail type of pain / flu relief medication that may be given if necessary:** |

I consent to myself/ my child receiving appropriate first aid or in a medical emergency consent to medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.

Please delete as necessary:

**a)** I give consent to **ANY** medical treatment to be provided in the event of an emergency

**b)** I give consent for any medical treatment to be provided **EXCLUDING** (Please specify): ………………………………………………………….……………..

**Signed:** …………………………………………………….…………… **Relationship to participant:** ……………………………………………..

**Please print your name**: ………………………………....................... **Date**: ………………………

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Signature | Emergency  contact | Email address |
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**Note for organisers:** This form should be completed before any activity takes place and the relevant information should be made available to the person in charge. The original should stay with the nominated official and stored safely. It is important to update this information annually.

In signing below **(Adult Club Members)** I declare that I agree with the above statements and I am aware of the risks associated with participating in this activity. By filling in my email address I agree to receive future club emails.