



## CALDY POOL CONSENT and INFORMATION FORM

2015/16

Please fill this in fully, accurately and legibly – it will be vital in an emergency. Please read the conditions overleaf before you sign the second side.

Place of Event	Caldy Swimming Pool, Gourleys Lane West Kirby	Date of Events	Weekly Club Sessions Wednesday Evenings between 8pm and 10pm
Coach in Charge	BCU qualified Coaches	Minimum level / ability for event	Session 1: Beginners 8.00 – 8.40pm Session 2: Intermediate 8.40 – 9.20pm Session 3: Advanced 9.20 – 10.00pm
Name of Member		Canoe qualifications / experience  How far can you swim?	
Address  Home phone number		Medical conditions / allergies	
Phone number for emergency contact during event		Medicine supplied:	Date of last Tetanus jab:
Name and phone number of Family Doctor		Please ensure any appropriate medication is supplied with paddler's name and correct dosage marked. U18s to hand medication to Coach in charge on arrival.	
Car Parking and Canoe Transport Arrangements: <b>Please do not park at the Pool.</b> If you need to bring a boat to the Pool, load or unload your boat and then move your car as quickly as possible. Parking on Column Road requires side lights in the dark. We are able to use the car park at Cald Grammar School free of charge and walk down the side lane.		<b style="color: red;">MEDICAL CONSENT</b> I confirm that the above medication has been prescribed by a doctor and I give permission for the coach in charge of the session, or their nominee, to administer the medicine and / or appropriate First Aid to my son / daughter/ ward/ myself * during the session.      * Delete as appropriate  Signed _____ Paddler / Parent / Guardian      Date _____	
If you regularly bring your own boat please give details of make and colour:  _____ Is it named?    Y    N		Please provide any other personal information of which you consider the Coaches should be made aware:	

- I give my consent **or** I give consent for my son / daughter / ward to participate in the Peninsula Canoe Club regular Pool sessions.
- I have read the relevant section of the **“RISKS INVOLVED”** leaflet and I understand these risks and I am aware that I / my child / my ward participate at my / their own risk..
- I understand that it is my responsibility to ensure that I / my child / my ward have / has the proper equipment necessary for the session as given on the **Equipment List**.
- I understand that the Coach in charge has the right to refuse to allow me / my child / my ward to participate if not properly equipped or if the Consent Form is not fully and accurately filled in.
- I understand that Peninsula Canoe Club takes no responsibility for me /my child / my ward / or any of their equipment before or after the session itself.
- I understand the car parking and boat transport arrangements.
- I understand that Peninsula Canoe Club is insured in respect of its legal liabilities only and that there is no personal accident or other cover. I will arrange for personal Accident Insurance if I consider it necessary.
- I understand that if I / my child / my ward deviates from the Pool session as set out by the Coach in charge in any way, or behaves contrary to the Pool Rules, I am / they are / no longer deemed to be a part of the session, and, as such, are no longer covered by Peninsula Canoe Club insurance and that they will be asked to leave the session. Any money paid will be forfeit.
- I am responsible for filling out this form accurately and legibly and including all details that might be needed by the Coach in charge. I am responsible for any errors and omissions pertaining to personal information and accept liability for any direct or indirect consequences that might arise from these errors or omissions.
- I understand the above statements and agree to them. **\* please delete options as appropriate**

**Signed** \_\_\_\_\_ Paddler / Parent / Guardian

**Date** \_\_\_\_\_

**Please print your name here** \_\_\_\_\_