



Paddlesport Consent Form

To be completed by parent/guardian of

- all junior members of the club (on joining)
- any under 18's who are non-members and participating in a club event based at Cuckmere Valley Canoe Club ('The Barn').

Note that: Children must be 8 years or older to paddle with the club. Under 12s must have a parent/guardian or responsible adult with them or at the barn throughout the session. A paddling adult may be able to join another group also paddling but only if the child's coach agrees and knows where they are. Over 12s must be brought to sessions by a parent/guardian or responsible adult who must leave contact details and be readily available.

Under 18s who are non-members attending a club session must bring this form completed by their parent or guardian and if that parent or guardian does not come with them they must also bring a completed Nominated Responsible Adult form.

If you wish to discuss any aspect of this form then please contact the club committee (cvcc@cvcc.org.uk) or person in charge at a specific event.

Name of Participant..... Date of Birth.....

Please give your home address and phone numbers. On all occasions when the young person is at the club you are also required to complete the signing in sheet to state emergency contact(s) for the duration of the specific activity. PLEASE PRINT IN CAPITAL LETTERS

Name of parent/guardian:	Relationship to participant:
Home address:	Tel Home:
Post Code:	Tel Mobile:
Description of Activity Needing Consent: Participation in club activity(ies) under the supervision of a coach qualified according to British Canoeing requirements for the activity undertaken.	

Declaration (by signing this document on page 2 you are agreeing with the following statements):

- I understand that there are risks inherent in water-based sporting activity eg infection, slips and falls, drowning. Risk assessments have been made by the club and action taken to

reduce risk such as use of safety equipment including helmets and buoyancy aids; supervision by qualified coaches; advice on safe lifting; advice to wash hands on leaving the water). The actions taken cannot entirely eliminate the possibility of injury.

- I understand that the club/ organisers accept no responsibility for loss, damage or injury caused by or during attendance of the organised activity/ event except where such loss, damage or injury can be shown to result directly from the negligence of the club/ organisers.
- I understand that CVCC is insured through British Canoeing for its civil liabilities as organiser of the event and that there is no personal accident cover for participants.
- I consent that photographs taken by CVCC club members which may include my son/ my daughter can appear on the club website and social media. Please circle if No
- I confirm to the best of my knowledge that my son/my daughter does not suffer from any medical condition which could affect the safety of their participation.
- I am responsible for completing this form accurately and including all details that might be needed by the person in charge.
- I agree to be at the pick-up/ drop-off point at the agreed time.

Medical Consent: It is important that those supervising your child know whether they suffer from any illness, allergy or medical condition which may affect them when paddling. There are a large number of volunteer coaches in the club and it is impossible to keep them aware of the medical condition of all potential attendees at the club. The club therefore requires that the coach in charge on the day is informed of any relevant medical information on each and every visit to the club.

If you are considering membership and your child suffers from any of the following, please discuss with club safety officer before joining:

Allergy, Asthma, Epilepsy, Diabetes, Musculo-skeletal problems.

Please provide any other information we should know which could affect our ability to work with your child effectively:

I consent to 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:

See club website or contact a member of the committee for club information such as risk assessment, club rules, codes of conduct, safeguarding policy.