

## PERSONAL INFORMATION FORM - RIVER TRIPS & OFF-SITE ACTIVITIES 2009-10

This completion of this form is necessary before a club member can take part in kayaking / canoeing trips and activities away from the Club base at the Welsh Harp Reservoir. You will also need to fill in an Activity Booking / Parent Permission form (for under 18's) for each trip which is downloadable from the website. Information contained on this form will be provided to the coaching team on each river trip. The information on this form will need to be updated if circumstances change – this can be done via the Activity Booking / Parents Permission form.

### MEMBERS DETAILS

Name.....	Date of Birth.....
Address.....	
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..... Post Code.....	
Tel (Home).....	
Mobile.....	
E-mail.....	
Current BCU Star Award.....	
Current BCU Coach Award.....	
Member can swim 50m ..... Yes / No	

### MEDICAL INFORMATION

(for emergency use only)

<p><b>PARENT PERMISSION / HEALTH INFORMATION</b> (to be completed for all members under 18) Over 18's are encouraged to provide health information.</p> <p>This form gives responsibility for your son/daughter/ward to the Trip Leaders / Organisers, and gives them authority to sign any papers needed by the medical authorities in case of <b>emergency</b> medical treatment, you will of course be kept fully informed.</p> <p>I hereby give authority for my son/daughter/ward named above to attend river trips and other activities away from the Club headquarters, subject to receipt of an Activity Booking Form and payment.</p> <p>HE/SHE# HAS/HAS NOT# any known allergies or sensitivities (e.g. Penicillin, Plasters, etc.). If he/she has please give details below:</p> <p>.....</p> <p>.....</p> <p>HE/SHE# HAS/HAS NOT# been immunised against Tetanus, please see your GP if you are unsure whether the inoculation is still current. I will inform the course leaders if my son/daughter/ward comes into contact with any infectious disease within 7 days of the activity. If your son/daughter/ward is taking any medication, has special medical, dietary needs or has any other conditions we should be aware of, please state below with full details.</p> <p>.....</p> <p>Signed.....</p> <p>Parents/Guardians Name.....</p> <p>Date.....</p>
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### GENERAL INFORMATION

<p><b>TRIP LEADERSHIP</b></p> <p>All Trip Leaders and assistants will be BCU qualified to suit the classification of water that the trip is to take place on and conditions likely to be encountered. The Trip Leader will ensure that the party is suitably equipped and will ensure that additional emergency equipment and first aid kit is carried in the group. All BCU Coaches are trained First Aiders.</p> <p><b>FIRST AID</b></p> <p>The following items may be among the contents of the Clubs first aid kit, if you have any objections to your son/daughter being treated with these items, please state so in the special requirements section of this form (Aspirin will not be administered to anyone under the age of 16):-</p> <p>PARACETEMOL, ASPRIN, PARACETEMOL/CODINE TABLETS, WASP-EZE, POVODINE-IODINE SPRAY, HYDROCORTISONE CREAM, ANTIHISTAMINE CREAM AND TABLETS, CANESTEN CREAM, ARRET.</p> <p><b>LEPTOSPIROSIS</b></p> <p>Full details are available at the Phoenix Canoe Club, from the Trip Leader or the download section of the club website.</p> <p><b>PREVENTION</b></p> <ol style="list-style-type: none"> <li>1. Cover all cuts and abrasions with waterproof plasters.</li> <li>2. Always wear footwear to avoid cutting feet.</li> <li>3. Avoid capsizing drill or rolling practice in suspect waters.</li> <li>4. Always shower after canoeing.</li> <li>5. If in doubt, consult your doctor early.</li> </ol>
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### DOCTORS DETAILS

<p>Doctors Name.....</p> <p>Address.....</p> <p>..... Surgery telephone.....</p>
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### EMERGENCY CONTACT

<p>Name.....</p> <p>Relationship.....</p> <p>Address (if different from applicant).....</p> <p>.....</p> <p>Tel..... Mobile.....</p> <p>NOTE: Emergency Contact should be available during the activity period on one of phone nos. provided.</p>
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