



THIS FORM MUST ONLY BE USED IN CONJUNCTION WITH THAT OF A MAIN APPLICANT
Please use this side *first*, beginning with additional *adult* members



FAMILY MEMBERS: Please complete **ALL** Boxes in **BLOCK CAPITALS** or **strikethrough**

2. FIRST NAME:		SURNAME:	
TEL (Home):		MOBILE:	
E-MAIL :			
BRITISH CANOE UNION MEMBERSHIP NUMBER (if applicable):			
EMERGENCY TEL NO:		EMERGENCY CONTACT NAME:	
MEDICAL CONDITIONS:		DISABILITIES:	
DATE OF BIRTH:		AGE GROUP (please tick)	
11 & Under	12 to 17	18 to 49	50 & over
STATE OCCUPATION or NAME of SCHOOL/UNIVERSITY etc:			
ETHNIC GROUP: WHITE:		MIXED:	ASIAN OR ASIAN BRITISH:
BLACK OR BLACK BRITISH:		CHINESE:	OTHER:

3. FIRST NAME:		SURNAME:	
TEL (Home):		MOBILE:	
E-MAIL :			
BRITISH CANOE UNION MEMBERSHIP NUMBER (if applicable):			
EMERGENCY TEL NO:		EMERGENCY CONTACT NAME:	
MEDICAL CONDITIONS:		DISABILITIES:	
DATE OF BIRTH:		AGE GROUP (please tick)	
11 & Under	12 to 17	18 to 49	50 & over
STATE OCCUPATION or NAME of SCHOOL/UNIVERSITY etc:			
ETHNIC GROUP: WHITE:		MIXED:	ASIAN OR ASIAN BRITISH:
BLACK OR BLACK BRITISH:		CHINESE:	OTHER:

PLEASE TURN OVER TO COMPLETE THE FORM IF APPROPRIATE.

*FAMILY MEMBERS: **PLEASE TURN OVER***

SHROPSHIRE PADDLE SPORT CLUB USE ONLY:			
2. 11 & under / 12 to 17 / 18 to 49 / 50 & over	3. 11 & under / 12 to 17 / 18 to 49 / 50 & over	4. 11 & under / 12 to 17 / 18 to 49 / 50 & over	5. 11 & under / 12 to 17 / 18 to 49 / 50 & over

FAMILY MEMBERS: Please complete **ALL** Boxes in **BLOCK CAPITALS** or ~~strikethrough~~

3. FIRST NAME:		SURNAME:	
TEL (Home):		MOBILE:	
E-MAIL			
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MEDICAL CONDITIONS:		DISABILITIES:	
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STATE OCCUPATION or NAME of SCHOOL/UNIVERSITY etc:			
ETHNIC GROUP: WHITE:		MIXED:	ASIAN OR ASIAN BRITISH:
BLACK OR BLACK BRITISH:		CHINESE:	OTHER:

4. FIRST NAME:		SURNAME:	
TEL (Home):		MOBILE:	
E-MAIL			
BRITISH CANOE UNION MEMBERSHIP NUMBER (if applicable):			
EMERGENCY TEL NO:		EMERGENCY CONTACT NAME:	
MEDICAL CONDITIONS:		DISABILITIES:	
DATE OF BIRTH:		AGE GROUP (please tick)	
11 & Under	12 to 17	18 to 49	50 & over
STATE OCCUPATION or NAME of SCHOOL/UNIVERSITY etc:			
ETHNIC GROUP: WHITE:		MIXED:	ASIAN OR ASIAN BRITISH:
BLACK OR BLACK BRITISH:		CHINESE:	OTHER:

PLEASE COUNTERSIGN & DATE:	SIGNATURE:	DATE:
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Please ask for another form, should there be more than 5 members in total!