



BC Approved Vetted by KCC Outdoor Education Unit Affiliated to Kent Youth Registered charity 1122984 Club mark award Est. 1989

CONSENT AND CONTACT FORM (2022)

PADDLER'S DETAILS				
FULL NAME:			AGE:	D.O.B:
ADDRESS:				1
TEL:	Home	Work	Mobile	Please indicate the best number to contact you on
Email:				
EMERGENCY CON	FACT(not someone who	vou are paddling wi	th)	
Name:		Relationship to you:		
Phone Number:	Landline:	Mobile:	Address:	
been explained to me previously or which may involve some of the following: kayaking on canal, moving water or sea, open canoeing on canal, moving water or sea, bell boating on canal. In the event of an accident during the visit I agree to authorise members of Seapoint staff to give consent on my behalf for any urgent medical treatment to be given to me or my child by a qualified medical practitioner or paramedic. MEDICAL DECLARATION: I declare that to the best of my knowledge and belief I am physically fit and do not have any condition which may impair my ability to paddle as part of a group session at Seapoint or I have set out either below or in attached note, details of any medical condition from which I am suffering, together with details of the treatment required and medications currently being taken or carried. IF NONE, WRITE NONE in the space below: COVID-19 DECLARATION: I will not attend a session if I or a family member have symptoms of Covid-19 (high				
temperature above 37.5C, new persistent cough, loss or change of sense of taste and/or smell).				
I agree for photos/video to be taken of myself or my child and be used on the centre website and shared on Seapoint Canoe Centre's social media channels (tick to indicate you have read and agreed)				
I understand and agre- rooms.	e that no mobile phones or		ay be taken into or l you have read and a	
SIGNED:		DATE:		
NAME (please print): (Parent/Guardian) if signing for an under 18		nder 18		