



Registration Form

Activity: _____

(e.g. Membership, Beginner Course, Kayak etc.)

Date: _____

PLEASE PRINT IN CAPITAL LETTERS

Name: _____ Age: _____	
Address: _____	
Telephone: _____ Mob: _____ E-mail: _____	
Swimming Ability: (Tick ✓) Non-swimmer: <input type="checkbox"/> Average Ability: <input type="checkbox"/> Strong Swimmer: <input type="checkbox"/>	
Medical Conditions: Do you / your child have any medical conditions that may put you / them at risk when kayaking? In case of medical emergency, do you / they require medication / treatment? Yes / No If Yes, please give details below, and fill in your doctor's contact details: Conditions / Medication: _____ Method / Dose (e.g. epi pen, inhaler): _____	Doctor's Contact Details: Name: _____ Tel: _____ An existing medical condition will not necessarily preclude you from membership / participation, but it must be declared. Should you be in any doubt, seek advice from your doctor.
You must inform us about your condition, and ensure they know where to find / and how to use your medication.	
Next of Kin: _____	Relationship: _____
Address: _____	Mobile: _____

Information guides for Kayakers and Guardians are on display on the website, please familiarise yourself with our: **Child Protection Policy, Parent / Guardian Information Leaflet, Safety Policy.**

If you have any questions not covered by these guides, please contact us.

Registration Forms must be completed in full, prior to the activity commencing.



Date: _____

Payment Method: You can make payments through Swish Scan & Pay, or alternatively, opt for cash payment.

Medical Emergency:

I consent to myself / a child in my care, receiving appropriate first aid OR medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. *Delete A or B.* ____

- 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 _____
-

I understand that kayaking is undertaken at my own risk. I confirm that I do not suffer from any disability or medical condition that may render me unfit for strenuous exercise.

Signed: _____ Name (Print): _____
(Parent / Guardian if under 18)

Space is being made available for members to store two kayaks each, please indicate if you wish to do so below.

Registration Forms must be completed in full, prior to the activity commencing. Students can avail special discounts.
For any queries
Södertäljekayakrental@gmail.com , call: [+46 76 459 3064](tel:+46764593064)