

Baiter Powerkites Application Form

Full Name:	
Address:	
E mail address	
Telephone No.	BPKA No.
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	

Medical Info	
Have you any specific medical conditions requiring medical treatment and or medication Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes give details:
Allergies Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes give details:
Any contact with contagious or infectious diseases within the last four weeks Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes give details:
I, _____ hereby give permission for the Club trainer or any other club official to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.	

PHOTOGRAPHY	
To be completed when the applicant is under the age of 18. Baiter Powerkites recognises the need to ensure the welfare and safety of all young people and children in sport. A child is defined as anyone less than 18 years of age. In accordance with our child protection policy we will not permit photographs, video or other images of young people to be taken without the consent of the parents/guardians and children involved. Any images taken may be used for the clubs website or video productions. Baiter Powerkites will take all reasonable steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform the Chairperson immediately.	
I (parent/guardian name) of my child (insert child's name)	consent to Baiter Powerkites taking still or moving images whilst involved in power kite sports.
I (insert name of child)	consent to Baiter Powerkites taking still or moving images of my involvement in power kite sports.
Please tick here if consent is being refused by either party: <input type="checkbox"/> <input type="checkbox"/>	
Signature _____ (consent by parent/guardian)	
Date: _____ P.T.O.	

READ & SIGN	
<p>Baiter Powerkites is an independent power kite club . We are affiliated to the Power Kite Sports Federation (PKSF) and the British Power Kitesports Association (BPKA). It is a non profit making organisation.</p> <p>All applicants must hold the appropriate PKSF/BPKA membership. Applicants who are awaiting confirmation of membership will have their application put on hold until membership can be confirmed. There is no need to send a copy of your BPKA/PKSF confirmation. <u>If your insurance expires your membership will be null and void until renewal of insurance.</u></p> <p>All information held will be protected in accordance with the current Data Protection Act. Please note all children, parents or guardians must complete the photography release form.</p> <p>I declare that all persons named in this application form are in good health and are fit to undertake the sports outlined. I agree to abide by all safety guidelines set out by the Power Kites Sports Federation. I further declare that to the best of my knowledge and belief there are no known incidents or circumstances that might give rise to a claim against any of those named above.</p>	

Signed
Dated