



Membership Form

Applicants Name (Print): _____

Applicants Address: _____

Telephone Number: _____

E-MAIL Address _____

Category of Membership Adult

Date of Birth _____

Gender Male / Female

Emergency Name /Contact Number _____

CLUB SAFETY STATEMENT

- Never canoe alone
- Do not canoe if you cannot swim.
- Always wear adequate buoyancy and ensure there is adequate buoyancy for your canoe.

DECLARATION

1. I accept that canoeing is an adventurous sport, which by its very nature is a sport that involves a degree of risk of personal injury or death. I acknowledge that Kerry Canoe Club (Killorglin) cannot ensure my complete safety at all times. I accept these risks and agree to be responsible for my own actions and involvement. I accept that Kerry Canoe Club (Killorglin) cannot be held liable for any injuries caused to me or caused to others or their property by me, due to my participation or involvement in this sport.
2. I confirm that I can swim at least twenty-five meters and am proficient in treading water.
3. The club committee reserve the right to refuse membership or in certain circumstances terminate membership.
4. The annual club membership runs each year from _____ Any person joining in mid-term will be liable for the cost of the full annual term.
5. I agree to accept the Kerry Canoe Club (Killorglin) rules and those of the Irish Canoe Union (ICU).

Are there any physical or other condition(s) which the Club should be made aware of? Yes or No

If Yes please give details below

Previous Canoeing or water sports experience: _____

Canoe or Kayak proficiency awards received: _____

ICU membership number (if applicable): _____

I confirm that I have read the above and I understand the conditions as set out in 1-5 above when I complete the applicant signature at the bottom of this page.

Signature of applicant: _____

Date:

Signature of Witness: (Must be a serving committee member) _____

Date:

Chairman

Brian O'Flaherty

kerrycanooclubkillorglin@gmail.com