



**SVT Activity & Wellness HUB Canoeing & Kayaking Club
MEMBERSHIP FORM**

APPLICANTS NAME	
APPLICANTS ADDRESS	
TELEPHONE NUMBER	WORK:
	HOME:
	MOBILE:
E-MAIL ADDRESS	
CATEGORY OF MEMBERSHIP	ADULT / JUNIOR / FAMILY* (Circle As Appropriate)
DATE OF BIRTH	
GENDER	MALE / FEMALE

* If The Applicant Is Under The Age Of Eighteen Years At Date Of Signing Of The Above Membership Form A Parent/Guardian Must Sign This Form Also.

* Where Family Membership Is Requested The Application Form Must Be Completed By Each Participating Family Member, When The Family Member Is Under 16 Years At Date Of Signing The Application Form Must Be Signed By A Parent Or Guardian.

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

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 SVT CANOEING AND KAYAKING CLUB 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 SVT CANOEING AND KAYAKING CLUB 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.

I CONFIRM THAT I CAN SWIM AT LEAST TWENTY-FIVE METERS AND AM PROFICIENT IN TREADING WATER. THE CLUB COMMITTEE RESERVE THE RIGHT TO REFUSE MEMBERSHIP OR IN CERTAIN CIRCUMSTANCES

TERMINATE MEMBERSHIP. THE ANNUAL CLUB MEMBERSHIP RUNS EACH YEAR FROM OCTOBER TO SEPTEMBER ANY PERSON JOINING IN MID TERM WILL BE LIABLE FOR THE COST OF THE FULL ANNUAL TERM.

I CONFIRM THAT I HAVE READ THE ABOVE AND I UNDERSTAND THE CONDITIONS AS SET OUT THEREIN.

I ALSO AGREE TO ACCEPT THE SVT CANOEING AND KAYAKING CLUB RULES AND THOSE OF THE IRISH CANOE UNION (ICU).

ARE THERE ANY PHYSICAL OR OTHER CONDITION(S) WHICH THE SBKC SHOULD BE MADE AWARE OF? IF YES PLEASE GIVE DETAILS.

PREVIOUS CANOEING OR WATER SPORTS EXPERIENCE.

CANOE OR KAYAK PROFICIENCY AWARDS RECEIVED.

SIGNATURE OF APPLICANT(S):	
DATE:	
SIGNATURE OF PARENT / GUARDIAN WHERE RELEVANT:	
DATE:	
SIGNATURE OF WITNESS. (MUST BE A SERVING COMMITTEE MEMBER):	
DATE:	