



Membership Application Form

2017 Membership fee is £10 per adult (18 & over). Membership will run for 12 months from 1st January.

Under 18's membership will be free to a fully paid up parent or guardian.

Name.....

Address.....

Tel Home.....Mobile.....

Email.....

MEDICAL CONDITIONS: Any medical conditions that are likely to affect paddling performance or that other members should be aware of whilst undertaking club activities e.g. Diabetes, Asthma etc. If none please state "NONE".....

I CAN SWIM 50 METRES (All members must be able to swim a minimum of 50 metres)

QUALIFICATIONS: (please let us know your kayak/paddlesport qualifications or anything of relevance ie: First Aid, RYA etc).....

PADDLESPOORT INTERESTS: (circle/underline) Sit on kayak, Sit in kayak, Canoe, Paddleboard (SUP)

River, White Water, Sea, Surf, Touring, Cruising, Social, Other (please specify)

YOUR CRAFT: (If you own your own kayak/canoe/paddleboard etc please let us know the make / model / colour /serial number etc).

UNDER 18's: (If you would like to include a child/children please list name & age)

FEES: I enclose a cheque for £ I have paid via bank transfer

BANK DETAILS: Lloyds Bank, Combe Martin Kayak Club

Account number 44062160 Sort Code 30-98-97

DECLARATION: I agree to be bound by the rules of Combe Martin Kayak Club and will not hold them liable for any missed sessions, personal injury, loss or damage to clothing or equipment. I understand that any paddlesport activity is undertaken at my own risk. I confirm that I do not suffer from any disability or medical condition which may render me unfit for strenuous exercise.*

Signed.....Date.....

*Should a medical condition or disability exist it will not necessarily preclude you from membership/participation but it must be declared. Should you be in any doubt, advice should be sought from your family doctor.

KAYAK CLUB ONLY

MEMBERSHIP NUMBER _____