

APPLICATION FOR MEMBERSHIP

20_____ SEASON

1. Cronulla Sutherland Kayak Club Inc.**2. GENERAL DETAILS**

I hereby apply for membership of CSKC. I have read, understand, acknowledge and agree to the declaration. I have signed that declaration.

INITIAL MEMBERSHIP RENEWING FAMILY MEMBERSHIP

SURF CLUB NAME _____ PADDLE NSW NUMBER _____

TITLE _____ (Mr, Mrs, Ms, etc) FIRST NAME _____ SECOND INITIAL _____ LAST NAME _____

MALE _____ FEMALE _____ DATE OF BIRTH ____/____/____ OCCUPATION _____

ADDRESS _____ POSTCODE _____

PHONE: HOME _____ BUSINESS _____

MOBILE _____ PREFERRED CONTACT NUMBER No. H / B / M

EMAIL _____

3. MEDICAL DETAILS**4. EMERGENCY CONTACT**

FIRST NAME _____ LAST NAME _____

RELATIONSHIP _____ ADDRESS _____ POSTCODE _____

PHONE: _____

5. DECLARATION

I will not be covered by personal sport injury insurance and the Club (CSKC Inc.)

I understand that canoeing is a risky sport and I am aware of the hazards inherent in the sport including weather hazards, water hazards and any risks associated with the outdoors. As the captain of a boat I am personally responsible for all events.

Signature: _____ Date _____

6. PARENT/LEGAL GUARDIAN CONSENT

(IN RESPECT TO AN APPLICANT UNDER THE AGE OF 18 YEARS)

I have read, understood, acknowledge and agree to declaration and application and conditions of membership over leaf and I personally consent to the declaration and application for Membership of the applicant.

FIRST NAME _____ LAST NAME _____

SIGNATURE _____ DATE _____

7. OFFICE USE ONLY

Date Application received ____/____/____ Amount paid: \$ _____ Receipt No. _____

Accepted / Rejected by Club Management – Date ____/____/____ Signature of Club Officer _____