



## Laois Kayak and Canoe Club Membership Form 2017/18

### Personal Details

First name	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>		
Mobile Phone	<input type="text"/>	Email	<input type="text"/>
Date of Birth	<input type="text" value="DD/MM/YYYY"/>	Gender	<input type="text" value="Male / Female"/>

### Category of Membership

\* If the applicant is under the age of eighteen years at date of signing of this membership form, a parent/guardian must sign the form also.

\* Where family membership is requested, a separate application form must be completed by each participating family member, when the family member is under 18 years at date of signing the application form must be signed by a parent or guardian.

### Previous Kayaking / Canoeing or Water-sports Experience

Highest Proficiency Award Received:   
(Skills / Instructor / RSR / REC)

### Medical Questions

Is there any physical or other condition(s) which Laois Kayak and Canoe Club should be made aware of? (Allergies, medical conditions, asthma, diabetes, heart conditions, recurrent back or arm problems) If 'Yes' please provide details:

## TERMS AND CONDITIONS

**RULES AND REGULATIONS:** I understand that I and all members must comply with all Laois Kayak and Canoe Club (LKCC) rules and procedures outlined in the constitution and associated documentation (see [www.laoiskayak.com](http://www.laoiskayak.com)), ICU best-practice guidelines, and the law, especially S.I. 259/2004 regarding the obligation to wear a buoyancy aid whilst on the water.

**CHILD PROTECTION:** I have assented to abide by the Irish Canoe Union Child Protection Policy and as such agree to fully adhere to the principles and responsibilities embodied in the Irish Canoe Union Code of Conduct for the Protection of Children. I understand that adult members may be required to be Garda vetted. LKCC CHILD PROTECTION OFFICER CONTACT DETAILS: Ms Deborah Whelan (cpo@laoiskayak.com)

**DATA PROTECTION:** I consent to Laois Kayak and Canoe Club holding my application information for administrative purposes. I agree to photographs taken of me during club events being used for the promotion of the club including the LKCC website and social media sites at the club's discretion.

**PERSONAL RISK AND SAFETY:** I am fully aware of the risks and hazards connected with kayaking and that my participation in kayaking may result in personal injury or death. I hereby elect to voluntarily engage in kayaking activities knowing that conditions may be hazardous, or may become hazardous or dangerous to me and my property. I accept that Laois Kayak and Canoe Club cannot ensure my complete safety at all times and further hereby agree to indemnify the Club from all actions, proceedings, claims, loss, liability, damage, costs or expenses whatsoever incurred by reason of me being admitted to the Club.

**MEDICAL CONDITIONS:** I confirm that I have no medical conditions which would prevent participation in kayaking or canoeing.

**DECLARATION:** I confirm that I have read, understand and agree to Laois Kayak and Canoe Club's Terms and Conditions.

Signed Applicant. (or parent / guardian)

Signature of Witness. (Must be a serving committee member)

The club regularly notifies members of club activities and events. Please tick the box if you DO NOT wish to receive such information.

The club committee reserve the right to refuse membership or in certain circumstances terminate membership. The annual club membership runs each year for 12 months from **20<sup>th</sup> April**. Any person joining in mid-term will be liable for the cost of the full annual term.

### Laois Kayak & Canoe Club Membership Rates 2017/18

Adult : €50

Junior (U18) : €20

Family : €120

Laois Kayak & Canoe Club is registered to the Irish Canoe Union. The membership rates include individual registration with the ICU and cover under ICU insurance. Full details can be obtained from the LKCC Secretary.