



# SILVERBRIDGE KAYAK CLUB (SBKC) MEMBERSHIP FORM

**Applicants NAME:** \_\_\_\_\_

**Applicants ADDRESS:** \_\_\_\_\_

**TELEPHONE NO.** Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile (req for TXT alerts) \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

Club correspondence, please circle as appropriate.

Include me.

Don't include me

**CATEGORY:** Adult / Junior / Family (Circle as appropriate)

**Date of Birth**                    /        /

I accept that kayaking / canoeing is an adventurous sport or activity, which by its very nature involves a degree of risk of personal injury or death. I acknowledge that **Silver Bridge Kayak Club (SBKC)** are not responsible for and cannot and do not agree to ensure my safety at any time or times. I personally accept all associated risks and agree to be responsible for my own actions and involvement. I accept that SBKC cannot be held liable by me or others for any injuries or damage caused to me, to my possessions or caused to others or their property by me, due to my participation or involvement with SBKC.

I confirm that I can swim at least twenty-five meters and am proficient in treading water. I hereby agree to complete any swimming proficiency test upon request of the SBKC and will accept their determination as to my proficiency in swimming. I realise that this may result in their refusing me access to join the club.

The club committee reserve the right to refuse membership or in certain circumstances terminate membership. The annual club membership runs each year from Annual General Meeting (AGM) to Annual General Meeting (Approx March each year). 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 SBKC club rules and those of the Irish Canoe Union (ICU).

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

TXT EM MEM Lst ICU BK

Is there any physical or other condition (s) which the SBKC should be made aware of?

Please note that where a member has a pre-occurring or new injury or condition which could be adversely affected by participation in the club's activities, it is in all cases the sole responsibility of each member to assess their own fitness and ability to safely participate in the club's activities. This will not affect the club's right to refuse or restrict admission or participation in the club's activities.

Should such items arise in the future you should notify SBKC.

If Yes please give details. \_\_\_\_\_

\_\_\_\_\_

Previous Canoeing or water sports experience.

\_\_\_\_\_

\_\_\_\_\_

Canoe or Kayak proficiency awards received.

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

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

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**Signature of parent / guardian where applicant is under 18yrs**

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**Date:**

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

**Date:**

**For further information please e-mail [info@sbkc.ie](mailto:info@sbkc.ie)**

Notes or Comments.

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