



# 2015 Kayaking Application Form

Activity: \_\_\_\_\_  
(E.g. Annual Membership, Beginners Course, Kayak & BBQ etc.)

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

PLEASE PRINT IN CAPITAL LETTERS

<b>Name:</b> _____		<b>Age:</b> _____	
<b>Address:</b> _____			
<b>Telephone:</b> _____		<b>Mob:</b> _____	<b>E-mail:</b> _____
<b>Medical Emergency:</b> <i>Delete A or B</i>		I consent to myself / a child in my care, receiving appropriate first aid or medical treatment which in the opinion of a qualified medical practitioner; is necessary.	
A) I give consent to ANY medical treatment to be provided in the event of an emergency.			
B) I give consent for any medical treatment to be provided EXCLUDING: _____			
<b>Medical Conditions:</b>		Do you or a child in your care have a medical condition that may put you / them at risk when kayaking? Do you / they require medication / treatment? <b>Yes / No</b>	
If Yes, please give details here:		<b>Conditions / Medication:</b>	<b>Method / Dose (e.g. epi pen, inhaler):</b>
<b>You must inform the lead instructor before <u>each</u> event of any condition / medication you have. An existing medical condition may not necessarily preclude you from membership or participation, but it must be declared.</b>			
<b>Emergency Contact:</b>		Relationship:	
Address:		<b>Mobile:</b>	

**Note:** Members contact details are forwarded to *Canoeing Ireland* for insurance registration with our national body.  
All new members may have their skills tested, and must demonstrate a proficient capsized with a spray deck.

Information for Kayakers and Guardians is on display in the clubhouse, if you have any questions not covered by these documents, contact an Instructor / Committee member for confirmation. Please familiarise yourself with:

*Child Protection Policy, Parent / Guardian Information Leaflet, Safety Policy, Club Information Booklet.*

Club activities may be photographed and published in the public domain or online. Please inform the club if you object to this, or if a child in your care, is subject to a court order prohibiting access OR publication of their image.

**Registration Forms must be completed in full, prior to the activity commencing.  
Participants become temporary members of Phoenix Kayak Club for the duration of the activity.**

PKC Kayaking Consent  
Form Rev10-03Mar2015  
Author: P Heffernan



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**Training:** To enable focused provision of training, please fill in proficiency level and certification expiry dates.

Discipline	Proficiency	Trainee Instructor	Instructor Level	RSR Level / Expiry	REC Level / Expiry
River					
Sea					
Canoe					

**Storage:** Members may apply to store two kayaks at the club-house. Space is limited and annually allocated on a first come, first served basis. Please indicate if you wish to do so below:

Annual Kayak Storage Fee	River / Playboat up to 2.75m long	Sea / Racing over 2.75metres long
1 Kayak €30 / 2 Kayak's €50	Qty:	Qty:

**Payment Methods:** Cash, cheque, bank draft, postal order or direct bank transfer (SEPA). If paying through the SEPA system please clearly state name / reason for transfer to identify your payment.

**BIC:** IPBSIE2D                      **IBAN:** IE98IPBS990713 22519705

**Note:** A deposit of €50 is required to reserve a participants place on all courses.

I accept that canoeing & kayaking is an adventurous sport that involves risks, dangers and hazards that may result in personal injury or death. I accept these risks and agree to be responsible for my own actions and involvement.

I accept that Phoenix Kayak Club cannot be held liable for any personal or financial injury 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 and comfortable treading water. I do not suffer from any disability or medical condition that may render me unfit for strenuous exercise.

Signed: \_\_\_\_\_  
(Parent / Guardian if under 18)

Name (Print): \_\_\_\_\_

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