

**Wombourne Kayak Club
Membership Form**

Contact Numbers
Tim Kelly 07817029118
Mick O'Brien 07779152262

Date of Application _____

Name _____

Address _____

Telephone _____

Email _____

BCU Membership Number _____

Relevant Qualifications e.g Star/Coach Level/First Aid _____

Additional Family Members

Name	Under 18	Qualifications
_____	_____	_____
_____	_____	_____

Medical Conditions

Emergency Contact Details

Upon acceptance into membership of Wombourne Kayak Club I accept that Canoeing and Kayaking are "Assumed Risk" "Water Contact" sports that may carry attendant risks. Participants should be aware of and accept these risks and be responsible for their own action and involvement.

I agree to abide by the Club Constitution and Safety Rules and it is my duty to inform the club of any medical conditions that I or family members have.

Signed _____
(parent or guardian if under 18)