

## Membership Form 2005 / 2006

## Please note that a new membership form must be completed every year

Address:		Circle: .	Junior / Senior / New Snr / Family*
Home Tel. No: Mobile Tel. No:		Work T	el. No:
Email Address:			
Proficiency Levels Instructor Levels			Certified Sea: Certified Sea:
Emergency Contact:		Telepho	ne No:
Doctors Name: Insurance Details:		Telepho	ne No:
Medical Details Are there any physical or othe	er condition(s) which the DC0	C should be made a	ware of, if so please provide details below
Allergies: Special Diet:			
Prescription Drugs:			
Other Information:			
eath. I acknowledge that the Doi be responsible for my own action aused to others or their property confirm that I can swim at least to proficiency test upon request of the	s an adventurous sport, which by negal Canoe Club (DCC) canno- ons and involvement. I accept the by me, due to my participation of twenty-five metres and am profice the DCC and will accept their det	t ensure my complete nat the DCC cannot be or involvement in this s cient at treading water.	ves a degree of risk of personal injury or even safety at all times. I accept these risks and agree held liable for any injuries caused to me or sport.  I hereby agree to complete any swimming roficiency in swimming. I realise that this may
esult in the DCC refusing me acc	•	b Treasurer or Club S	ecretary or posted with a cheque to
onegal Canoe Club c/o Paul Re	ed, Bogay, Newtowncunninghar	m, Lifford, Co. Donega	
Membership will not be granted f	for junior's if this form is not sign	ed by a parent / guard	5 Senior – first year / €40 Senior / €50 Family fian who accepts the `Terms of Acceptance of
	ight to refuse membership or in o	certain circumstances	terminate membership. The annual club liable for the cost of the full term.
confirm that I have read the above		•	nable for the cost of the full term.
also agree to accept the Donega			n (ICU)
Members Signature			Date
Parent / Guardian Sig Print	nature		Date