

KILCOCK CANOE POLO CLUB MEMBERSHIP FORM

1st May 2011 to 30th April 2012

BLOCK CAPITALS PLEASE

Surname

First Name

Address:

*** **DATE OF BIRTH** ***

Contact Tel, Home:

Members Tel No :

Name of Parent / Guardian

Tel No:

Name of Parent / Guardian

Tel No:

E-Mail (If U18, Parents Email address)

Is there a medical condition that the Club should be made aware of?

If YES ,please give details

INDEMNITY STATEMENT

I, _____
(BLOCK CAPITALS)
agree to abide by the rules and regulations of outlined in the Kilcock Canoe Polo Club In consideration of and through my involvement with Kilcock Canoe Polo Club, I hereby acknowledge and agree to release the Club and its agents from any and all liabilities, which might result from my involvement in the Club.

Signed: _____ Dated: _____

To be Completed in the case of all Members under 18

I, the parent / guardian of the above named applicant, witness the signature and give consent to the said applicant becoming a member of the Club and to the above indemnity.

Signed: _____ Dated: _____

Relation to above: _____

Membership is subject to ratification by the Committee

Administration Use Only

Membership Fees Enclosed: €

Cash or Cheque

Receipt Issued:

Boat Space Fees Enclosed : €

Cash or Cheque

Receipt Issued:

ICU No: