

KILCOCK CANOE POLO CLUB MEMBERSHIP FORM

ADULTS

DATE: YEAR:

SURNAME:

FIRST NAME:

ADDRESS:.....

.....

.....

MOBILE NUMBER:

HOME TELEPHONE:.....

EMAIL ADDRESS.....

All correspondence will be via email and text unless we are otherwise informed.

IS THERE A MEDICAL CONDITION THE CLUB SHOULD BE AWARE OF?

IF YES, PLEASE GIVE DETAILS:

INDEMNITY STATEMENT

I _____, agree to abide by the rules and regulations 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 it's agents from any and all liabilities which might result from my involvement in the Club.

Signed: **Date:**

I give **KCPC permission** to pass on my information to Canoeing Ireland to be signed up to the database. We have your details on file with the purpose of using it to provide you with canoe polo information and details required for competitions.