

2010 Membership Details

Name -----

Address -----

Home Telephone Number -----

Mobile Telephone Number -----

E-mail Address -----

Medical Conditions -----

Emergency Contact -----

Date of Birth (if under 18) -----

Adult Membership

Child Membership

I hereby allow my son/daughter to participate in the aforementioned activities.

Kirkwall Kayak Club frequently photograph members enjoying the sport and these photographs may be used for training purposes or to promote our sport and may be published on our website or in the local press. I agree to being photographed / having my son/daughter photographed at Kirkwall Kayak Club.

If you are over 18 and interested in being a volunteer which would include supervising children please tick here and a member if the committee will discuss this with you.

Signature (Parent or Guardian if under 18) -----

Date -----