



VALLEY WIDE KAYAK CLUB
629 North Lake Street, Hemet, CA
(951) 927-6157

MEMBERSHIP APPLICATION
(NEED 1 APPLICATION PER ADULT)

NAME: _____ JOIN DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ DR.LIC. NO: _____

E-MAIL ADDRESS: _____ CELL PHONE (FOR TRIPS): _____

CONTACT NAME & NUMBER (IN CASE OF AN EMERGENCY):

_____ (_____) _____ RELATIONSHIP: _____

BIRTHDAY: _____ MARITAL STATUS: _____ NAME OF SPOUSE: _____

CHILDREN - NAMES & AGES: _____

BEST DAYS/TIME TO KAYAK: _____

KAYAKING EXPERIENCE: NONE () BEGINNER () INTERMEDIATE () ADVANCED ()

BRAND NAME & MODEL OF ANY KAYAKS YOU OWN: _____

HOW DID YOU HEAR ABOUT OUR CLUB? _____

WHAT DO YOU WANT FROM THIS CLUB? _____

WOULD YOU BE INTERESTED IN SERVING ON ONE OF THE FOLLOWING COMMITTEES? (Circle)

Budget/Bylaws

Events

Fundraising

Membership

Public Relations

Safety/Training

Website

MEMBERSHIP FEE IS \$36.00/YEAR PER INDIVIDUAL, OR \$50.00/YEAR, PER FAMILY

Join between April to Sep for \$36 (Good until April the following year)

Join between Oct. to Mar for \$18 (Good until April)

Note: Above Schedule is for both New and Renewing Members.

Full amount in the month of April (or) 1/2 in October (only).

DISCLAIMER

**VALLEY WIDE KAYAK CLUB
629 North Lake Street
Hemet, CA 92544**

www.valleywidekayakclub.org

ACKNOWLEDGEMENT OF SELF-RESPONSIBILITY AND RELEASE

Please, complete and sign the release form.

I, _____ (print name), understand that sea kayaking involves significant potential risks to my health and equipment, in part due to cold and/or turbulent water. I agree to assume these risks in their entirety when participating in Valley Wide Kayak Club events. I also understand that while others may have skills and/or knowledge greater than mine, they are not responsible for my well being. I agree to inform my fellow paddlers of any significant aspects of my physical condition or medical history that might increase the risk to myself or others. I give my permission to participants to seek emergency medical treatment for me should I require it during a Valley Wide Kayak Club event. I agree to exercise all necessary caution during Valley Wide Kayak Club events and to exercise my personal judgment in a manner consistent with my skill level, knowledge and experience.

I release all members or officers for acts of negligence on my part.

I assume all risks of kayaking.

Signature: _____

Date: _____

* Parent or Guardians Signature: _____

* Required if person signing is under 18 years of age