



VALLEY WIDE KAYAK CLUB

629 North Lake Street, Hemet, CA 92544

www.valleywidekayakclub.org

(951) 927-6157

MEMBERSHIP APPLICATION (NEED 1 APPLICATION PER ADULT)

NAME: _____ JOIN DATE: _____

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

HOME PHONE: _____ WORKPHONE: _____ 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 TO KAYAK: _____

EXPERIENCE WITH KAYAKS? 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 one)

Events

Public Relations

Fundraising

Membership

Safety/Training

Newsletter

Website

Budget/Bylaws

MEMBERSHIP FEE IS \$24.00/YEAR PER INDIVIDUAL, OR \$48.00/YEAR, PER FAMILY

	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Individual	\$24.00	\$22.00	\$20.00	\$18.00	\$16.00	\$14.00	\$12.00	\$10.00	\$8.00	\$6.00	\$4.00	\$2.00
Family	\$48.00	\$44.00	\$40.00	\$36.00	\$32.00	\$28.00	\$24.00	\$20.00	\$16.00	\$12.00	\$8.00	\$4.00

Note: Above Schedule is for New Members (prorated), Renewing Members to pay full amount during the month of April.

Please turn over, complete and sign the release form on the back.

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DISCLAIMER

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ACKNOWLEDGEMENT OF SELF-RESPONSIBILITY AND RELEASE

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.

Please handwrite the two statements below as an acknowledgement that you fully understand and agree with the statements in this document:

I release all members or officers of V.W.K.C. for acts of negligence on my part.

I assume all risks of kayaking and hold no one else libel.

Signature: _____ Date: _____

* Parent or Guardians Signature: _____

* Required if person signing is under 18 years of age

