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| ***Member Details*** | | | |
| Surname\*: | First Name\*: | | Spouse/Partner: |
| Address\*: | | | |
| Date of Birth (if Youth): | | Current ISA Level (if Youth): | |
| Telephone Home\*: | Work\*: | | Mobile\*: |
| Email\*: | | | |

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| ***Childrens’ Names (Family/Youth Members aged under 25)*** | | | | | |
| Name: | | Date of Birth: | | | Current ISA Level: |
| Name: | | Date of Birth: | | | Current ISA Level: |
| Name: | | Date of Birth: | | | Current ISA Level: |
| Ordinary Member- Family | €200 | |  | Membership subscriptions may be paid by Bank Transfer/Cheque/Cash  (tick relevant option) | |
| Ordinary Member- Individual | €125 | |  |
| Ordinary Member- Youth | €100 | |  |

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| **Medical Conditions** | | | | Yes | No |
| Do you/your child have any medical conditions that may put you/them at risk when kayaking/sailing? | | | |  |  |
| In case of medical emergency, do you/they require medication/treatment? | | | |  |  |
| If Yes, please give details below, and fill in your doctor’s contact details | | | | | |
| Conditions/Medication: | | Method/Dose (e.g. injection, inhaler): | | | |
| Doctor’s Name: | | Doctor’s Telephone Number: | | | |
| Next of Kin: | Relationship: | | Mobile: | | |
| Address: | | | | | |
| **It is your responsibility to inform the coordinator at every club event of the condition, and to ensure they know where to find and how to use your medication. An existing medical condition will not necessarily preclude participation, but it must be declared. Should you be in any doubt, seek advice from your doctor.** | | | | | |
| I consent to myself/my child receiving appropriate first aid OR In a medical emergency consent to medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. Delete A or B below as appropriate. | | | | | |
| Α) I give consent to ANY medical treatment to be provided in the event of an emergency | | | | | |
| Β) I give consent for any medical treatment to be provided EXCLUDING | | | | | |

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| I agree:   * to abide by the Constitution and bye-laws of ISKC * that lifejackets must be worn at all times * to leave no trace i.e. take home what I bring   I accept that:   * sailing/kayaking/canoeing is undertaken at my own risk * responsibility for safety of a participant and his/her equipment rests exclusively with such participant and in the case of a youth with his/her parent/guardian. | I confirm that:   * my son/daughter are not subject to any court order prohibiting access, OR publication of their image. * I/my child do/does not suffer from any disability or medical condition that may render me/him/her unfit for strenuous exercise. * my children will be accompanied by an adult |
| Signed\*: | Date: |
| Proposed by: | Seconded by: |
| ***Return completed form and remittance to a Committee Member*** | |

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| **Other memberships:**  List any other sailing/ yacht clubs which you or a family membership have membership and enclose a copy of your Racing Insurance Certificate for your boat: |
| **Disclaimer:**  Any personal belongings of members, visitors, and others brought to, kept at or left at the Innisleana Recreation Area shall be at the sole risk of the owners thereof, and the Land Owners and the Club shall not be responsible for any loss or damage thereto, however arising. Vessels, launching trolleys and road trailers are parked entirely at the owner’s risk. The Club shall not be liable for any loss or damage however caused to property or equipment on its premises. Neither is the Club responsible for any materials left in the containers. |

**IF YOU WOULD PREFER NOT TO HAVE PHOTOGRAPHS OF YOU OR YOUR FAMILY POSTED ON THE CLUB WEBSITE PLEASE TICK THIS BOX**