

KENMORE CANOE & KAYAK CLUB
RECREATIONAL PROGRAM
MEMBER FORM



Name: _____

Address: _____

City: _____ Zip: _____

Email: _____ Cell: _____

Check here if you do not want your contact information to be distributed to club members.
I understand photos taken during practices, races and events may be used for non-commercial promotional purposes.

Signature: _____

Parent/Guardian Signature (Members < 18 years):

Medical Emergency Information

Kayak paddling can be a strenuous physical activity and KCKC strives to provide the safest environment possible. For this reason, the following information is needed, which will be kept in strict confidence and used only by the director/coaches in a medical emergency.

Emergency Contact Name: _____

Relationship: _____ Cell: _____

Do you have any medical conditions such as allergies, joint problems, dizzy spells, shortness of breath or a heart condition? If so, please list.

Do you have any medications such as blood pressure or heart medications, which would affect your performance in the boat? If so, please list.

Can you swim? Yes _____ No _____