

## **Membership Application Form**

Please return to: Patsy Capstick 72 – 44523 McLaren Dr. Chilliwack, BC, V2R 0C2 ccekayak.members@gmail.com

2017-2018

Valid April 1, 2017 - March 31, 2018

ccckayak.ii	ichibers@ginali.com
First Name: Last:	
Street:	
City:	Postal Code:
Canadian anti-spam legislation / email waiver	Licence Plate#:
Email Address:	Phone: ( ' ) -
☐ <b>YES</b> send me emails about club events ☐ <b>NO</b> you may not send event email but may use for emergency contact	Date today: MIDIY

	Name	Birth Date M   D   Y	Gender	Signature	Number	\$ Amount
1		1 . 1	MIF	•		\$
2		1 1	M  F			\$
3		1 1	M  F			\$
4		1 1	M  F			\$
5		1.1	M  F			\$
6		1 1	M  F			\$

## Membership options

choose one for each person registering

Membership	Recreational Fees	Competitive Fees		
(Effective January 1 <sup>st</sup> of each year)	(Upgrade to competitive by paying difference)	(For athletes training and receiving coaching in competitive slalom and/or other support from CCEPC or its partners/associates at any time during the season)		
Cadet (5 to 14)	U18	\$40 / year		
Junior (15 to under 19)	\$20/yr	\$85 / year		
U23 (19 to 22)		\$90 / year		
Senior (23 to 34)	Adult \$30/vr	\$100 / year		
Master (35 to 64)	[	\$75 / year		
FOG (65 and up)	\$30 / year	\$65 / year		
Officials Membership	Level Achieved and Date:	\$15 / year		
Coach Membership		\$30 / year		
Type of coach:	Technical	Practical Theory		

## CCE photo/video waiver

This form is a permission form to allow CCE to use any photos or video taken in a video/slide show to promote CCE activities in print or on the web. No photos/videos will be used without permission from a parent/guardian. Photos/videos will not be given to anyone outside of CCE.

I give permission to CCE to use any video or photos taken of me for advertising purposes.

Member's signature or parent/guardian if under 18

## Disclamer

Canoe/kayaking activities by their nature involve certain elements of risk which involve potential for bodily injury. A portion of the registration fees paid to CCE (Chilliwack Center of Excellence) are allocated for the provision of accident insurance should injury occur. I acknowledge this element of risk and agree to permit myself/child to participate.

Member's signature or parent/guardian if under 18

**Total Amount Paid** 

\$