



Inniscarra Sailing & Kayaking Club

Website: www.CorkSailing.com

Email: info@corksailing.com

Membership Application Form

BLOCK CAPITALS PLEASE

Surname: _____ First Name: _____ Spouse: _____

Address: _____

Telephone: _____ Mobile: _____ Email: _____

Childrens' Names (Family Members)

Name: _____ Date of Birth: _____ Current ISA Level: _____

Name: _____ Date of Birth: _____ Current ISA Level: _____

Name: _____ Date of Birth: _____ Current ISA Level: _____

MEMBERSHIP CATEGORY:

- | | | | |
|---|------|--|-----|
| <input type="checkbox"/> Ordinary Members - Family | €150 | <input type="checkbox"/> Radio Sailor - Individual | €50 |
| <input type="checkbox"/> Ordinary Member - Individual | €90 | <input type="checkbox"/> Container Key | €20 |
| <input type="checkbox"/> Ordinary Member - Student | €55 | | |

Subscriptions may be paid by Cheque/Cash.

Please list below any sailing/ yacht clubs of which you or your family have membership:

Medical Conditions: 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: _____ Tel: _____

Next of Kin: _____ Relationship: _____ Mob: _____

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.

A) I give consent to ANY medical treatment to be provided in the event of an emergency.

B) I give consent for any medical treatment to be provided EXCLUDING _____

I agree to abide by the Constitution and bye-laws of Inniscarra Sailing Club. I confirm that my son/daughter are not subject to any court order prohibiting access, OR publication of their image. I understand that sailing/kayaking/canoeing is undertaken at my own risk. I confirm that I/my child do/does not suffer from any disability or medical condition that may render me/him/her unfit for strenuous exercise. I acknowledge that 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.

Signed: _____ (Parent/Guardian if under 18) Date: _____
(_____) *Name in Block Capitals*

Proposed By: _____ Seconded By: _____

Return Form to: - Kevin O'Donovan, 21 Limeworth, Carriganarra, Ballincollig, Co. Cork. Tel: 087 2302507

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. Boats, launching trolleys and road trailers are parked entirely at the owners' risk. The Club shall not be liable for any loss or damage however caused to property or equipment on its premises. All children must be accompanied by an adult. Lifejackets must be worn at all times during the event. Please remove any food/packaging when you are leaving.