



Club Member / Participant Information

Club Name: _____

Date: _____

First Name:						
Last Name:						
Address:						
City, Province/State:						
Postal/Zip Code:						
Country:						
Phone:						
Email:						
Birth Date: (DD/MMM/YYYY)						
Gender: M/F						
Comfort / Skill Level:	<input type="checkbox"/> Class 5	<input type="checkbox"/> Class 4	<input type="checkbox"/> Class 3	<input type="checkbox"/> Class 2	<input type="checkbox"/> Class 1	<input type="checkbox"/> None

Primary Emergency Contact:			
Home Phone:			
Mobile Phone:			
Relation:			
Secondary Emergency Contact:			
Home Phone:			
Mobile Phone:			
Relation:			

Description of Vehicle(s)	Make:	Model:	Color:	Plate:
	Make:	Model:	Color:	Plate:
	Make:	Model:	Color:	Plate:
Helmet Color(s):				
PFD Color(s):				
Boat Type(s) & Color(s): (Canoe, Kayak, SUP, etc)				