

**Western Cape Canoe Union
REGISTRATION & INDEMNITY FORM**

Surname _____ Initials _____
 First Name(s) _____ Tel (H) () _____
 Occupation _____ Tel (W) () _____
 Postal Address _____ Fax () _____
 _____ Cell _____
 _____ Birth Date

C	C	Y	Y	M	M	D	D

 Postal Code

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 Gender Male Female
 Identity No

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 Boat No _____
 E-Mail _____
 PLEASE PRINT E-MAIL ADDRESS CLEARLY
 Last Registered

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 Year

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 Union Never
 Newsletter e-mail notification (newsletter on web) Hard copy available at club or races Hard copy mailed to you by snail mail (only on special request)

PADDLING EXPERIENCE — (Fill in only if this is the first time you are registering in Western Province)
 I have completed the following K1 and K2 races outside WP

RACE	Month/Year	K1	K2	RACE	Month/Year	K1	K2

**CANOING SOUTH AFRICA
NATIONAL, PROVINCIAL & CLUB INDEMNITY / SAFETY DECLARATION**

I, the undersigned, do hereby state and agree that:

1. I am aware of the potential dangers involved in the participation in canoeing and associated activities;
2. I am further aware that Canoeing South Africa and affiliated Unions, and all subordinate bodies and officials as well as the sponsors of events, in organising and permitting my participation in such activities and in establishing and enforcing safety measures in regard thereto, cannot ensure my safety and/or the adequacy of such measures.
3. As such, I undertake to:
 - (a) participate in all canoeing and associated activities at my own sole risk and responsibility;
 - (b) exonerate all persons and bodies involved in the organisation and sponsorship of canoeing under the auspices of Canoeing South Africa and affiliated Unions from, and indemnify them against, any loss or damage which I or any others, including my dependants, may suffer as a result of any injury or death as a result of any act or omission on the part of such body or person, whether due to negligence (including gross negligence) or otherwise;
 - (c) comply with all safety rules and regulations of Canoeing South Africa and all affiliated Unions and subordinate bodies;
 - (d) comply with all requests for medical tests relating to doping and drug abuse, and accept the sanctions laid down for the violation of the CSA and ICF rules on doping.
 - (e) I undertake to wear a buoyancy jacket approved by Canoeing South Africa and affiliated Unions

DATE _____ SIGNATURE _____

MINORS (UNDER 18 AND NEVER MARRIED)

I, _____, the parent/guardian of the abovementioned person, permit him/her to participate at his/her own risk and responsibility upon the basis and subject to the provisions set out above. I consent to the abovementioned person being tested for banned substances, should it be deemed necessary by the relevant qualified authority.

DATE _____ SIGNATURE _____

DECLARATION BY CLUB REGISTRATION OFFICER

To the best of my knowledge everything herein is correct. Please register the above person as a member of:

CLUB _____ DATE _____ SIGNATURE _____

Club
PAYMENT
Senior Affiliation Full year
R750
1/2 Year (after Berg)
R550
¼ Year (after Fish)
R350
Junior/Full time student Affiliation Full year
R380
1/2 Year (after Berg)
R280
¼ Year (after Fish)
R180
Race Prepayment
Full year 1 March – 31 September
Snr R900
Jnr R450
1 st Half Year 1 March – 20 July
Snr R520
Jnr R260
2 nd Half Year 20 July – 30 September
Snr R480
Jnr R220
Total
FOR OFFICIAL USE ONLY
WPCU Registration Officer:
Signature
Class
Boat