## Wailua Outrigger Club, Kamloops BC

## **REGISTRATION FORM**

First Name:	Last Name:
Address:	City \ Postal Code:
Home Phone:	Work Phone:
Emergency Contact:	Emergency Phone:
Email:	Date of Birth:
Medical Conditions, Previous Heath Issues:	Membership Type:  ☐Adult ☐Punch Card (10 Paddles) ☐Drop In (\$10 per session, no CORA)
To Be Filled Out By Club Executive:	
Date Fees Paid:	Amount Paid:
<ol> <li>Wailua Outrigger Club (WOC) is a non-profit society registered in the Province of British Columbia.</li> <li>WOC is offering to sell memberships in the society for an annual fee covering the paddling season from January 1 to December 31. The fee is payable annually at an amount determined by the Directors of WOC.</li> <li>In order to use WOC equipment, an individual is required to hold a valid membership unless otherwise determined by the Directors of WOC.</li> <li>In order to be a participant of WOC the member agrees to become of the Canadian Outrigger Racing Association with annual membership of CORA. Current membership fee is \$30.00 and must be done online with CORA.</li> <li>Membership dues will be used for program operations and activities and related expenses necessary for</li> </ol>	
club operation as determined by the Directors.  6. In consideration of membership dues, the member will receive the right to use WOC equipment with all other members of WOC. These rights of usage are determined by the Directors of WOC who shall govern all usage of equipment. No member shall be considered to have priority over another in this regard. The Director's decisions shall be considered the final authority on use of this equipment.	
7. The fees for annual membership for the period of 12 months commencing on January 1st of the current year are: Flat Fee of \$155, 10 Paddle Punch Card \$70, Drop In \$10/session (no CORA fee)	
8. The undersigned agrees to follow policies in the 'WOC Policies and Code of Conduct' and the 'WOC Health & Safety Program'. The undersigned acknowledges to have read and agrees to abide by the above conditions by signing this document and presenting payment for an annual membership.	
Signature Date	

Date

Signature - Witness (Director)