

2008 Killer Guppies Membership Application

Please fill in your Name and Address and Sign and Date below.

All other information may be entered online at:

www.killerguppies.org

Name _____
First Last Birthday (Month/Day/Year)

Home or Mailing Address _____
Street Address City State Zip

Primary E-mail _____ # of Seasons Paddling _____

Home Phone _____ Cell _____ Work _____

Occupation/ Student _____ Dual Member (circle) Yes or No

Is your company possibly interested in sponsoring KG? (circle) Yes or No

I would like to be considered for the:

- Competitive Team (Bring it on!!!) *Please read Coach's Selection Criteria for Competitive Team*
 Rec Team for now, but would like to go to Competitive or be somewhere in the middle
 Strictly Recreational Paddling (Don't stress me out, I wanna enjoy the ride ☺)
 Masters Team (Over 40 and loving it!)

I would like to be considered for the position of (feel free to check more than one):

paddler only stroker caller steer coach fitness team

I would like to help with (feel free to check more than one):

Fundraising Social Activities Community Service Corporate Sponsorship

How did you hear about the team?

Friend (please specify name of referral) _____
 Flyer Craig's List Other (please specify) _____

Emergency Information:

Person to notify in case of emergency: _____

Name
Phone _____ Relationship _____

Medical conditions that we should be aware of: _____

Waiver of Liability: By my signature below, I understand and agree that dragonboating, as well as other sports and recreational activities undertaken by the Killer Guppies, are inherently dangerous and involve the risk of injury or death, and that I undertake these activities voluntarily. This includes bus, carpool, and other means of transportation to and from team events. I waive any liability claims against the Killer Guppies, its officers and members, for any losses or injuries sustained while participating in team activities. By my signature, I also release the Killer Guppies from any claim for responsibility brought by my heirs, guardians, and other legal representatives. I also agree to carry my own medical insurance.

Signature _____ Date _____