

DABULAMANZI CANOE CLUB

GAUTENG CANOE UNION

NEW paddler & CHANGE OF PARTICULARS form ONLY

C.S.A NUMBER

NAME* SURNAME*

ID NUMBER*

GENDER MALE FEMALE

CELLPHONE*

EMAIL*

ONLY COMPLETE THIS SECTION IF YOUR ADDRESS HAS CHANGED

POSTAL / PHYSICAL ADDRESS	ADDRESS 1	<input style="width: 95%; height: 20px;" type="text"/>
	ADDRESS 2	<input style="width: 95%; height: 20px;" type="text"/>
	SUBURB	<input style="width: 95%; height: 20px;" type="text"/>
	TOWN	<input style="width: 95%; height: 20px;" type="text"/>
	CODE	<input style="width: 95%; height: 20px;" type="text"/>

SENIOR <input style="width: 100%; height: 15px;" type="checkbox"/> JUNIOR <input style="width: 100%; height: 15px;" type="checkbox"/> FIRST YEAR JUNIOR <input style="width: 100%; height: 15px;" type="checkbox"/> JUNIOR DEVELOPMENT <input style="width: 100%; height: 15px;" type="checkbox"/> 3RD FAMILY MEMBER <input style="width: 100%; height: 15px;" type="checkbox"/>	SENIOR DEVELOPMENT FIRST YEAR SENIOR DEVELOPMENT U23 DEVELOPMENT FULL TIME STUDENT SOCIAL MEMBER	<input style="width: 100%; height: 15px;" type="checkbox"/> <input style="width: 100%; height: 15px;" type="checkbox"/> <input style="width: 100%; height: 15px;" type="checkbox"/> <input style="width: 100%; height: 15px;" type="checkbox"/> <input style="width: 100%; height: 15px;" type="checkbox"/>
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SCHOOL NAME IF A STUDENT

SIGNATURE

DATE

MINORS(UNDER THE AGE OF 18 YEARS)
 I, the parent/guardian of the abovementioned person, permit him/her to participate at his/her own risk and responsibility and exonerate all bodies and persons concerned from, and indemnify them against any loss or damage resulting directly or indirectly from his/her participation.

SIGNATURE

DATE

* mandatory information