CCRI OUTDOOR ADVENTURE CLUB MEMBERSHIP APPLICATION

Name:_____
Last First Middle

Male ____ Female ____ Date of Birth _____ Age: _____

Address: _____City _____State_____Zip_____

Phone: _____ Cell: _____

Email: _____
Important! This is how we will contact you throughout the year

General Experience: (please answer honestly)

Canoeing Experience: None_____Novice____ Intermediate_____ Expert_____

Hiking Experience: None_____Novice____ Intermediate_____ Expert_____

Can You Swim? Yes_____ No_____

First Aid Qualifications? _____

Medical Conditions that would affect your participation in any outdoor event?

_____

I have the following equipment available to help the club:_____

_____

Additional:
I am interested in:

Hiking/Camping: _____ Skiing/Snowboarding: _____

Canoeing/Kayaking: _____ First Aid/CPR: _____

Running/Triathlons: _____ Biking: _____

Promoting the Oudoors, ie Conservation/Recycling: _____

Leading Group Activities: Y/N _____

Other: _____

I, _____ have completed this application with
Print Your Full Name
true and correct information. If accepted for membership, I understand that it will be my responsibility to inform CCRIOAC officers / advisors of any change in my health or other qualifications for participation.

Signature _____ Date _____

Signature of Parent (if under 17): _____

Emergency Notification: _____ Phone #:_____

Emergency Notification: _____ Phone #:_____