



Event Only Membership Form

Event Name: _____

Event Location: _____

Event Date(s): _____

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Home Phone: _____ Work Phone: _____

Gender: Male Female Date of Birth: _____

Club/Organization Name: _____

Discipline:

- Flatwater
- Whitewater Slalom
- Outrigger
- Marathon
- Canoe/Kayak Polo
- Wildwater
- Rodeo
- Dragonboat
- Other _____

Please check all that apply:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Athlete | <input type="checkbox"/> Family/Friend |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Race Organizer |
| <input type="checkbox"/> Official | <input type="checkbox"/> Club Admin. |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Recreational |

There is a **\$10.00 fee** for Event Only Membership. Please make checks payable to: USACK 310 S. Tryon St., Ste. 1750 Charlotte, NC 28282

***Event Only Membership extends General Liability coverage in addition to the Accident Policy for individual athletes.**

***The waiver must be completed in order to activate the individual membership.**

