



Irish Canoe Union, Joyce Way, Park West, Dublin 12
Telephone: 01 - 6251105. Email: office@canoe.ie. Web: www.canoe.ie

ICU Training & Development Unit Registration

Annual Registration Fee: €20. All Instructors, Coaches, and Trainees that register with the ICU Training & Development Unit are automatically registered as Individual Members of the Canoe Union. It is consequently not necessary for an ICU Registered Instructor, Coach, or Trainee to maintain separate registration with the Canoe Union. An individual who is a current Individual ICU Member or an ICU Member through an ICU Registered Club can convert their current registration to the ICU Training & Development Unit at no extra cost by contacting the ICU Office. * *Required response.*

Type of Registration

- New Registration *(you have not been registered before with the TDU)*
 Renewal of Registration *(you have been registered before with the TDU)*

Contact Details

Name *

Address 1 *

Address 2 *

Address 3

Address 4

Email

Mobile Phone

Home Phone

Work Phone

Date of Birth *

Gender Male Female

Garda Vetting

- Yes * Have you submitted a Garda Vetting Application to the
 No * ICU Office within the past 3 years

If YES to the above please confirm below that since the submission of a Garda Vetting Application there is no other relevant information in relation to Child Protection that you need to notified to the ICU

*I can confirm that there is no other relevant information in relation to Child Protection that needs to be notified to the ICU **

If you have not submitted a Garda Vetting Application you can download a Garda Vetting Application Form from www.canoe.ie

ICU Ezine & ICU Mailing Lists

If you have not already registered for the ICU Ezine and ICU Mailing Lists and would like to be included please indicate below

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> ICU Ezine | <input type="checkbox"/> Freestyle |
| <input type="checkbox"/> Canoe Polo | <input type="checkbox"/> Marathon Racing |
| <input type="checkbox"/> Canoe Slalom | <input type="checkbox"/> Paddle Surf |
| <input type="checkbox"/> Canoe Sprint | <input type="checkbox"/> Wild Water Racing |

Payment Details

Cheque * Credit Card *

Card Number

Expiry Date

Cardholder

Participation

Please indicate which of the following activities / disciplines you have participated in over the past 12 months

- | | |
|--|--|
| <input type="checkbox"/> Canoe Polo | <input type="checkbox"/> Marathon Racing |
| <input type="checkbox"/> Canoe Slalom | <input type="checkbox"/> Paddle Surf |
| <input type="checkbox"/> Canoe Sprint | <input type="checkbox"/> Sea Kayaking |
| <input type="checkbox"/> Freestyle | <input type="checkbox"/> Wild Water Racing |
| <input type="checkbox"/> General Purpose | <input type="checkbox"/> None of the above |

By clicking one of the buttons below you can either submit this form by email directly to the ICU Office or you can print off the form and mail it along with your registration fee to the ICU Office.

Submit by Email

Print Form