



Wychavon Kayak and Canoe Club

Course Enrolment Form

Please return the completed form and course fees to:
Adam Hall, 7 Begonia Close, St Peter's, Worcester, WR5 3LZ

Cheques payable to:
Wychavon Kayak and Canoe Club

Course (Please tick next to the course you wish to enrol on)

- Six week **Junior** Introduction to Kayaking Course commencing 08 January 2009 (£35 per person)
- Six week **Senior** Introduction to Kayaking Course & river trip commencing 26 February 2009 (£45 per person)

Contact Details

Full Name		Address Line 1	
Telephone Number		Address Line 2	
Mobile Number		Address Line 3	
Email Address		Postcode	

Personal Details

Gender (Male/Female)		Date of Birth (dd/mm/yyyy)	
Previous paddle sport experience			

Can you swim 50 metres in light clothing : YES NO

Images taken during club events can be used on the club web site & promotional material : YES NO

Emergency Details

 (These details will be made available to club coaches running your course)

Emergency Contact Name	
Relationship with Contact	
Emergency Contact number(s)	
Medical Conditions (e.g. Asthma)	

Declaration

I understand that the club accept no responsibility for loss, damage or injury caused by or during attendance on the Introduction to kayaking course except where such loss, damage or injury can be shown to result directly from the negligence of the club.

I confirm that I do not suffer from any disability or medical condition not mentioned above.

I confirm I am not known to any official body as being an actual or potential risk to children and have not had a disciplinary sanction from a sports (or other organisation's governing body) relating to child abuse.

Name:

Date:

Signature:

To be completed by parent or guardian if under 18:

I have read the declaration and I consent to my son/daughter participating in the Introduction to kayaking course.

I consent to my child receiving medical treatment, which, in the opinion of a qualified medical practitioner, may be necessary.

I consent to the release of my son/daughter medical notes to a suitably qualified medical practitioner.

Name:

Date:

Signature: