

Canoe

SOUTH AUSTRALIA

Course Enrolment Form

Basic Skills Course

Personal Information

Course date:	
Name:	
Address:	
Post Code:	
Telephone	W:
	H:
	Fax:
Email:	

Canoeing Experience

(Outline any previous canoeing activities you have participated in or any experience you have had in canoeing)

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Other Qualifications

Briefly describe any other qualifications relevant to canoeing such as First Aid Certificate, Bronze Medallion, etc.)

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Swimming Ability

Can you swim 50m wearing a life jacket and canoeing clothes? (Circle One)

Yes

No

(Please note that swimming is not a requirement of the course – non-swimmers can utilise the skills of a competent swimmer in the case of an emergency)

Medical Information

Please outline any medical conditions or disabilities you have, which the Instructor should be aware of:

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Please list any medications currently being taken:

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Describe any allergies you have (eg. food, penicillin, beestings)

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Contact details in case of an emergency:

Name:	
Contact Numbers	H:
	M:
	W:
Relation to the participant:	

Course Feedback

What is your predominant reason for applying for the course?

- Required for Work in the Industry
- Recreation / Leisure
- Other (Please Specify) _____

Are there areas of the course you would like to focus on?

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Payment Details

Please find enclosed my cheque or money order for the full amount or charge my credit card using the details below.																							
Total Amount Due	\$	Bankcard / Visa / MasterCard (Circle card type)	Name on Card																				
Card Number			Expiry Date																				
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Signature of Cardholder		Date	Office Use																				