

Canoe

SOUTH AUSTRALIA

Course Enrolment Form

Canoe/Kayak Lifeguard

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)

Other Qualifications

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

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:

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 <small>(Circle card type)</small>	Name on Card																				
Card Number			Expiry Date																				
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Signature of Cardholder		Date	Office Use																				