

**Recreational Canoeing Association of British Columbia
Canoeing Course Instruction Registration**

Student Name:	Address:		
Phone:	Post Code:	E-Mail:	
City:	RCABC Membership #	Age:	

Course Content (Please check off the levels)

COURSE/LEVEL	1	2	3	4	Instructor/ Re-cert Challenge/ examiner
Lake Water					
Moving Water					
Ocean Canoeing					
Tripping					
Poling					
Examiner					
Voyageur					
Closed Canoe (C1)					
Other Clinic (specify):					
Date:	Instructor(s):				

Do you have any physical impairment? No Yes

Canoeing Experience:

None less than 1 year 1 year 2 or more years

Canoeing Certificates Held:

Course	Level	Year	Instructor(s)

Equipment: Do you have the following available in good condition: Paddle Canoe PFD

Are you able to swim 50 metres fully clothed? Yes No

If not, are you comfortable in deep water while wearing a PFD? Yes No

Waiver of Liability: The undersigned waives any and all rights to claim against the sponsors, officers, committee members or instructors of the Recreational Canoeing Association of British Columbia and the Canadian Recreational Canoeing Association, both individually and jointly, and acknowledges that he/she recognizes the hazards of this activity and acknowledges that the above-mentioned societies are assuming no responsibility toward the undersigned.

Signature of Applicant:	Date:
Signature of Parent or Guardian (if applicant is under 19 years of age:	