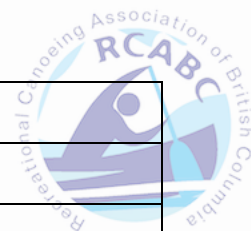


RCABC Course Registration Form



Student Name:		
Address:		Province:
Postal Code:	Phone:	Age:
Email:		Member #

Course		Level	
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Course Date(s):	Location(s):
Instructor 1:	Instructor 2:

Previous Course(s)	Level	Year	Instructor(s)/ Association

Describe your canoeing skills: **Beginner** **Novice** **Intermediate** **Advanced**

Related Experience (Kayak, raft, etc.):

Are you able to swim 50 metres fully clothed, with a PFD?	Yes	No
Are you comfortable in deep water while wearing a PFD?	Yes	No

Family Physician Name:	Location	Phone Number
Emergency Contact Name:	Relationship	Phone Number

Medical and Physical History

Do you have any medical conditions or physical impairments that might limit or impact your involvement? If so please list:

Are you taking any medications? If so please list them, explain the reason, their location and dosage:

Do you have any allergies?

Do you have any allergies that require medication such as epinephrine? If so where is this medication located?

Photo and Video Release (This is optional and is not required to participate in this course)

I grant the Recreational Canoeing Association of BC (RCABC), its representatives, and instructors the right to take photographs or video of me and my property in connection with this course or event and to use these photos and videos for publicity, advertising and web content. (If 18 or under please have signed by parent or guardian)

Name (Print):

Date:

Signature: