



PERSONAL DETAILS	EMERGENCY CONTACT DETAILS
FULL NAME:	NAME OF EMERGENCY CONTACT AND RELATIONSHIP
ADDRESS:	ADDRESS (if different):
TEL NO:	TEL NO:
E-MAIL:	
AGE (of participant):	

COURSE NAME:			
COURSE DATE:			
COURSE COST (cheques made payable to Devizes Canoe Club)			
		√	£ Amount
Junior (under 16)	£15.00		
16-18 years old/Student	£20.00		
Over 18	£30.00		

MEDICAL INFORMATION
Do you have any medical conditions or disabilities that the club coaches should be aware of. Eg: asthma, diabetes, epilepsy, allergies or heart complaints
YES <input type="checkbox"/> NO <input type="checkbox"/> Details.....
If you have answered yes, it is your responsibility to let the club coaches know.

DECLARATION
I wish to participate in the Introduction to Paddlesport course being run by Devizes Canoe Club.
I agree that the club officials will not be responsible for any loss of property whilst at any event organised by the club.
I understand that canoeing can be a hazardous activity and take part at my own risk.
Participant Signature: Date:
Parent/Guardian Signature: (if participant is under 18)

Please return with correct remittance to: Devizes Canoe Club, 2 Forest Lane Cottages, Chippenham SN15 3QU