

Regents Canoe Club Taster Session application form 2011

Your Name

Your email address

Date of birth

Address and postcode

Telephone (day)

Telephone (evening)

Telephone (mobile)

Please provide name and telephone number of a person you would wish us to contact in the unlikely event of an emergency

Please give details of any medical condition (e.g. asthma, epilepsy). This will not exclude you from participating, but it is important that instructors are aware of any medical condition that may affect your safety.

Please indicate which taster session you wish to attend.

- Monday 18th April 6.30-8.30pm
- Thursday 12th May 7.00-9.00pm
- Thursday 16th June 7.00-9.00pm
- Monday 11th July 6.30-8.30pm
- Thursday 18th August 7.00-9.00pm
- Monday 19th September 6.30-8.30pm

Registration: I would like to register for a Regents Canoe Club taster session. I declare that the above information is correct and that I have paid the course fee of £12.

Participation Statement: I have read, understood and agree with the statements in the Participation Statement at <http://www.regentscanoeclub.co.uk/tasters.html>.

Signature

Date
