

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

fill in top section with Girl information

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

Course Content (Please check off the levels) **xx Leave this section blank xx**

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

fill in these sections with Girl information as appropriate

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: xxx MAY Leave Blank xxx	Date: Today's date
Signature of Parent or Guardian (if applicant is under 19 years of age): Parent signature	