



## Wednesday Night Course Booking Form 2018

- Part 1 – Candidate Information
- Part 1b – Adult Consents (if applicable)
- Part 2 – Course Selection
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### PART 1 - CANDIDATE INFORMATION

SURNAME		D.O.B.	
FIRST NAME		AGE	

ADDRESS	
E-MAIL	
PHONE home	
PHONE mobile	

Are you a NACC club member?	Yes / No
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*If you are not a NACC member please complete and return the membership form with this form.*

### PART 1b – Adult Information (if candidate is under the age of 18)

NAME	
RELATIONSHIP TO CHILD	

(Only required if different to the above)

ADDRESS	
E-MAIL	
PHONE home	
PHONE mobile	

## PART 2 – Course Selection

Please select the course you would like to join:

1. Kids courses are targeted at ages 13 and under
2. Assessment for all courses is **optional**
3. Intro to Paddling/Canoe/Kayak is £5 per night, intended for trial sessions or people who miss the course booking deadline. No booking (availability may be limited as will depend on boats)
4. General paddle is free to attend (boat, equipment hire charges applicable, depending on availability)

Course #	Course Title	Dates	Cost	Select (x)
1	Adult beginner kayak ( <b>British Canoeing 1* kayak</b> )	9 <sup>th</sup> May – 13 <sup>th</sup> June Assessment 20 <sup>th</sup> June	<b>£35.00</b>	
2	Adult intermediate kayak ( <b>British Canoeing 2* kayak</b> )	2 <sup>nd</sup> May – 13 <sup>th</sup> June Assessment 27 <sup>th</sup> June	<b>£40.00</b>	
3	Canoe (up to <b>British Canoeing 2*</b> )	2 <sup>nd</sup> May – 20 <sup>th</sup> June Assessment 20 <sup>th</sup> June	<b>£40.00</b>	
5	Kids Beginner Kayak ( <b>British Canoeing 1* kayak</b> )	9 <sup>th</sup> May – 13 <sup>th</sup> June Assessment 20 <sup>th</sup> June	<b>£35.00</b>	
6	Kids Intermediate Kayak ( <b>British Canoeing 2* kayak</b> )	2 <sup>nd</sup> May – 13 <sup>th</sup> June Assessment 20 <sup>th</sup> June	<b>£40.00</b>	

## PART 3 – Equipment Selection

Please select if you would like to hire any equipment:

	Equipment	Required
Kayak	£5/night	
Canoe	£5/night	
Buoyancy Aid		
Helmet		
Spraydeck		

- If selected boat (canoe/kayak) hire, a boat will be reserved for you for the duration of the course.
- If you require a helmet and a spray-deck, you will be allocated a set on the first night, you will then look after your kit for the duration of the course and return on the last night.
- Paddles will be available to collect each night from the trailer

# PART 4 – Medical Information

## CONSENT FORM FOR ADULTS

NAME	
<b>Doctor's name</b>	
Doctor's Address	
Doctors tel. no.	
<b>Emergency contact's name</b>	
Relationship to participant	
Address	
Home tel.	
Mobile	

### Medical Consent

It is important that the organising staff should know whether you suffer from any illness or medical condition. Please use the space below to state, in confidence, any health or other matters which we should be aware of. Please also indicate if you are receiving any medication, with details and dosage, and/ or specific dietary requirements.

**Current Medical Conditions-** Do you suffer from:

**Allergies** Yes / No

**Asthma** Yes / No

**Epilepsy** Yes / No

**Diabetes** Yes / No

**Skin Conditions** (e.g. Eczema) Yes / No

**Recurring Headaches** Yes / No

**Other:**

**If you answered yes to any of the above please give details:**

**Do you experience any conditions requiring medical treatment and/or medication?** Yes / No

If yes please give details:

Medication:

Method (e.g. injection, inhaler):

Dosage and frequency:

**Please provide any other information we should know which could affect our ability to work with you.**

I consent to receiving appropriate first aid, or in a medical emergency I consent to medical treatment which, in the opinion of a qualified medical practitioner, may be necessary

**Please delete as necessary:**

a) I give consent to ANY medical treatment to be provided in the event of an emergency

b) I give consent for any medical treatment to be provided EXCLUDING (Please specify):

- I have had the activities explained and agree to participate in the activities event.
- I understand that the club/ organisers accept no responsibility for loss, damage or injury caused by or during attendance of the organised activity/ event except where such loss, damage or injury can be shown to result directly from the negligence of the club/ organisers.
- I confirm to the best of my knowledge that I do not suffer from any medical condition other than those listed on above
- I understand that there is no personal accident cover for participants.
- I am responsible for completing this form accurately and including all details that might be needed by the person in charge. I am responsible for any errors and omissions to personal information and accept liability for any direct or indirect consequences that might arise from these errors or omissions.

**Signed:**

**Please print your name:**

**Date:**

## CONSENT FORM FOR CHILDREN (Under 18)

NAME	
<b>Doctor's name</b>	
Doctor's Address	
Doctors tel. no.	
<b>Emergency contact's name</b>	
Relationship to participant	
Address	
Home tel.	
Mobile	

### Medical Consent

It is important that the organising staff know whether your child suffers from any illness or medical condition. Please use the space below to state, in confidence, any health or other matters which we should be aware of. Please also indicate if they are receiving any medication, with details and dosage, and/ or specific dietary requirements.

**Current Medical Conditions-** Does your child suffer from:

**Allergies** Yes / No

**Asthma** Yes / No

**Epilepsy** Yes / No

**Diabetes** Yes / No

**Skin Conditions** (e.g. Eczema) Yes / No

**Recurring Headaches** Yes / No

**Other**

**If you answered yes to any of the above please give details:**

**Does your child experience any conditions requiring medical treatment and/or medication? Yes / No**

If yes please give details:

Medication:

Method (e.g. injection, inhaler):

Dosage and frequency:

**Please provide any other information we should know which could affect our ability to work with your child.**

I consent to my child receiving appropriate first aid, or in a medical emergency I consent to medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.

Please delete as necessary:

a) I give consent to **ANY** medical treatment to be provided in the event of an emergency

b) I give consent for any medical treatment to be provided **EXCLUDING** (Please specify):

- **I or another adult will remain at Saltford during the training.**
- I have had the activities explained and agree to my child participating in the activities.
- I understand that the club/ organisers accept no responsibility for loss, damage or injury caused by or during attendance of the organised activity/ event except where such loss, damage or injury can be shown to result directly from the negligence of the club/ organisers.
- I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those listed above.
- I understand that there is no personal accident cover for participants.
- I am responsible for completing this form accurately and including all details that might be needed by the person in charge. I am responsible for any errors and omissions to personal information and accept liability for any direct or indirect consequences that might arise from these errors or omissions.

**Signed:**

**Please print your name:**

**Date:**

## **PART 5 – Payment Information**

Please send a cheque for the correct amount with your completed form to:

NACC Training,  
16 Berkeley Road,  
Westbury Park,  
BRISTOL  
BS6 7PJ

If you have any queries, please e-mail

**[training@northavoncanoecclub.org.uk](mailto:training@northavoncanoecclub.org.uk)**

All courses are subject to availability. On receipt of your booking form and payment you will receive an email to confirm if you have been successful in your booking.