



RCABC Course Registration Form

All Sections Must Be Completed

Student Name:		
Address:		Province:
Postal Code:	Phone:	Age:
Email:		Member # (if you have one)

Course Content (Circle Level or Levels for Your Upcoming Course)

Course	Paddler Level				Leader	Instructor Level		Re-cert Challenge/ examiner
	1	2	3	4		1	2	
Lake Water								
Moving Water					N/A			
Ocean	Basic		Advanced					
Tripping	Paddler		Leader					
Poling	Basic		Advanced		N/A			
Big Boat	Paddler		Leader					
C1					N/A			
SUP	Basic		Advanced		N/A			
Guide	Day		Expedition		N/A			
Clinic	Lake Water		Moving Water		N/A	Other:		

Date, Location and Instructors

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

Paddling Experience & Certificates Held:

Course	Level	Year	Instructor(s)
Describe your canoeing skills: Beginner Novice Intermediate Advanced			
Related Experience (Kayak, raft, etc.):			



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Swimming Ability (Ability to swim without a pfd is not required)

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

Medical and Physical History

Do you have any medical conditions or physical impairments? If so please list:

Have you ever been hospitalized and if so for what?

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

Do you have any allergies? If so please list:

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

Do you have any dietary restrictions? (Expedition Guide or Canoe Tripping Course only).

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

Photo 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 employees the right to take photographs of me and my property in connection with this course or event. I authorize RCABC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that RCABC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I HAVE READ AND UNDERSTAND THIS ENTIRE FORM AND HAVE PROVIDED ACCURATE INFORMATION:

Signature: _____

Date: _____

Signature of parent or guardian if 18 or under: _____

Print name of parent or guardian if 18 or under: _____
