**Shetland Canoe Club**

# **Enrolment for 4 week Pool Training Programme 18th April to 9th May 2019.**

# **Please write neatly and legibly**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | | |
| Address | | | |
| Phone No: | | | Mobile No: |
| E-mail Address – This is so you are kept up to date with club news & info | | | |
| Adult | Child Age ……. yrs  N.B. Must be over 13 yrs old  On or before 9 May 2019 | Emergency contact name:………………………..  Emergency contact number:……………………... | |
| **Medical Declaration**  I declare that, to the best of my knowledge, I do not suffer from any medical condition or disability  which may prevent my safe participation in this activity. (If you have any doubts you should consult  your doctor) Please give details of any medical treatment being received by you, or any medical  condition of which the organizers should be aware. If none please state none. Parents or Guardians  must sign for Juniors.  ……………………………………………………………………………………………………………………………  Signature………………………………. Date……………………………. | | | |
| Payment received YES / NO Date ………………….  Adults £ 40.00 Juniors 13-16 yrs /Concessions £ 20.00  Cheques to be made out to **Shetland Canoe Club**  This payment covers you for the 4 weeks pool training and lectures only - It does not include the outdoor sessions. You must become a club member should you wish to continue outdoors. | | | |
| At outdoor sessions all junior members must be accompanied by a paddling adult who will be responsible for them | | | |
| Signature: Date: | | | |

**www.shetlandcanoeclub.co.uk**