

Edinburgh Kayak Club

Water Use Form



Contact Details

Name:

Address:

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Phone:

DOB (if under 16)

Emergency Contact

Name:

Address:

.....

.....

.....

Phone:

	Date	Club*	* print name and sign/initial
Parental Consent	<input type="checkbox"/>
Membership	<input type="checkbox"/>

	Date	Coach*	User*
Intoduction	<input type="checkbox"/>
Swim Test	<input type="checkbox"/>
Capsize Drill	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>

If under the age of sixteen, a parent or guardian must sign this form.

Signature: Date: