



MANCHESTER CANOE CLUB

INTRODUCTION / TASTER SESSION

DATE: _____

By signing this I confirm:

- I understand kayaking / canoeing is undertaken at my own risk.
- I do not suffer from any disability or medical condition which may render me unfit for strenuous exercise.**

** Should a medical condition exist this will not necessarily preclude you from membership / participation, but it must be declared. Should you be in any doubt, advice should be sought from your family doctor.

	NAME	SIGNATURE (if <18yrs, parent)	EMERGENCY CONTACT NO.	CONTACT NAME
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