

## REGISTRATION FORM

**IMPORTANT:** Please return this completed form along with your course tuition payment no later than one week prior to the course date.

Course Name: \_\_\_\_\_ Course Date(s): \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current APEs Member (Y/N) \_\_\_\_\_ Current TEHCC Member (Y/N) \_\_\_\_\_

Current ACA Member (Y/N) \_\_\_\_\_ If yes, ACA # \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

If Minor, Parent/Guardian Name and Phone: \_\_\_\_\_

Medical Conditions and/or Special Considerations:

Prerequisite course name, date completed, instructor name and location, if applicable:

Describe your paddling level/experience and list the most challenging river you feel comfortable on (for paddling courses only):

Please list any previous instruction you may have received (Swiftwater Rescue, First Aid/CPR, or paddling courses):

Watercraft you plan to use in the class, if applicable:

What are you looking to get out of the course?