

**ACA SWIFTWATER REGISTRATION FORM**

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

If Minor, P/G name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Current APEs member? (Y/N) \_\_\_\_\_ Current ACA member? (Y/N) \_\_\_\_\_ If  
yes, ACA # \_\_\_\_\_

Emergency Contact Information:  
Name (&  
relationship): \_\_\_\_\_

Phone Numbers: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Cell: \_\_\_\_\_

Please list Swiftwater Rescue, First Aid/CPR or paddling courses previously taken:

Describe your boating level/experience and, if you plan on bringing a watercraft to the course, what it is:

What do you want to get out of the course?:

Please list medical conditions we should be aware of (feel free to discuss with the instructors directly if you prefer):

**VERY IMPORTANT TO READ AND UNDERSTAND PARAGRAPH BELOW:**

Please recognize that this class is extremely physically demanding and involves you voluntarily placing yourself into potentially life-threatening situations. We will discuss the hazards involved and will work to minimize them. However, we cannot eliminate the risks. Therefore, the course will be taught in a CHALLENGE BY CHOICE format. In other words, you determine what you do and how hard you push yourself within the boundaries of the course. As always, safety will be the top priority but participants ultimately have the responsibility to opt out of anything they feel uncomfortable doing.

The cancellation policy for the course is:

- 1. Now until 1 week prior to class: full refund
- 2. 1 week until class start: full refund if substitute student is found, otherwise no refund
- 3. After class starts: no refund

Please sign below: I have read, understand and agree to the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if a minor) \_\_\_\_\_ Date \_\_\_\_\_

Registration: complete and return this form and mail it along with your check made out to **APEs** by deadline to: **Scott Fisher, 109 Highland Gate Dr, Johnson City, TN 37615.**

Questions: Feel free to contact me at 276-698-4644 or [tfisher1@its.jnj.com](mailto:tfisher1@its.jnj.com)