



REGISTRATION

Name: _____

Age (minimum 8 years): _____

Contact Number: _____

Emergency Contact Number: _____

Address: _____

Date of Course (please phone to ensure prior availability); _____

Please choose: Morning(10am—12.15am) Afternoon(2pm-4.15pm)

Evening (7.00pm-9:00pm)

Any medical issues we should be aware of: _____

Email: _____

Are you able to swim? Yes No

Do you give permission and consent that photographs may be taken for promotional and record purposes during activities which may include your child? Yes No

How did you hear about Corrib Canoe?

AGREEMENT

I agree to abide by the regulations Corrib Canoe Courses or its representatives may consider advisable, for the safety and comfort of customers and staff. I understand that failure to do so may result in removal from Corrib Canoe Courses without refund.

I agree that NUI Galway will not be held responsible for any injury, or loss that may occur.

Signature _____

Date: _____

For phone booking to be confirmed a €30 deposit must then be posted or delivered to Corrib Canoe Courses before the course begins. Please include this form when posting the deposit.

Postal address: Corrib Canoe Courses, Mail Centre, NUI Galway

**For bookings and availability enquiries please call
Corrib Canoe courses 085 211 1571
Or email info@corribcanoe.com**