



Canoeing Skills Coaching  
- Registration -

ORGANISATION'S NAME		MEMBERSHIP NO.
INSTRUCTOR'S NAME	INSTRUCTOR'S CERTIFICATION	
BRIEF OUTLINE OF THE COACHING TO TAKE PLACE		
DATE OF COACHING SESSION	LOCATION OF COACHING SESSION	

NAME OF PARTICIPANT	CITY OF RESIDENCE

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Upon submission of this registration for a coaching session, you, the ORCKA Instructor, admit to having read the "Canoeing and Kayaking Skills Coaching - Administration Policy Statement" and agree to comply with the conditions of that policy. Failure to do these cancels the liability insurance you would normally have as the ORCKA Instructor conducting this coaching session. If the ORCKA office has the required credit card information, you needn't complete the "method of payment" box below. You will be billed automatically. 1

METHOD OF PAYMENT		
CHEQUE	VISA	MASTER CARD
CARD NUMBER		
EXPIRY DATE		
NAME ON CARD		

OFFICE USE ONLY
Date registration received:
Is the Organizational Member current?
Is the Instructor current and qualified?
Comments:

\_\_\_\_\_  
Signature

By signing here, you are stating that you have read the Coaching Administration Policy Statement and agree to all the terms and conditions.