

BARRIE CANOE AND KAYAK CLUB, INC.

P.O. Box 23, Barrie, ON, L4N 4S9

Attn: Course Coordinator



Please accept my application for the following Barrie Canoe and Kayak Club (BCKC) course or clinic:

Name of Course	Course Date(s)
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I have read the prerequisites for my selected course and understand that pre-course tests may apply. I am willing to comply with the Instructor’s decision. The BCKC reserves the right to cancel any course based on a shortage of participants, unsuitable weather conditions or unsuitable water levels.

I accept that BCKC courses are offered on a first come basis and members of the Barrie Canoe & Kayak Club will be given priority. I also realize that each course has a participant limit.

I understand that the Course Coordinator and/or Course Instructor are available to answer questions or concerns that I may have.

I certify that I am physically capable and fit to participate in this activity. I understand that BCKC courses may have an element of danger and **that ultimate responsibility for my safety is my own.**

I understand that if I have any complaints with a course or the Instructor, I may contact the President of the Barrie Canoe and Kayak Club in writing.

I enclose my payment for the full course fee with this application. I will notify the Course Coordinator of my cancellation immediately, as it may determine whether the course will run.

Course Payment and Refund Policy

If I cancel:

- More than 3 weeks before course start date: 100 % refund
- 2-3 weeks before course start date: 75 % refund
- Less than 2 weeks before course start date: 0 % refund

If the Club cancels, I will receive a credit for the next available course or a full refund (my choice).

I confirm that I have read and understood this agreement before signing.

Name (please print)	() Telephone Number
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Address (please print)	E-mail Address
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City/Prov/Postal Code	Membership No. _____
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Signature of Participant	Signature of Parent/Guardian (if participant is under 18 years of age)
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Date: _____

Created on March 8, 2008

THIS IS YOUR BCKC RECEIPT

Name of Course	Course Date(s)
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Amount Received: \$ _____	Date Received: _____
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Received From: _____	Received By: _____
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