

Your Details		
Name		
Address		
Email		
Home Phone		
Mobile Phone		
Medical conditions		
Date of Birth :	/ /	- if under 18, please get parental consent

Course Details		
Course Title		
Course Date		

Next of kin		
Name		
Home Phone		
Mobile Phone		
Address		
Relationship		

## DECLARATION

I have read the Disclaimer found on the [www.kayakguide.co.uk](http://www.kayakguide.co.uk) website and I understand that it is my own responsibility to provide adequate Insurance Cover for the course that I am applying for.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

Please return the completed form, together with the appropriate payment to: **MR C M ALLEN, 24 Anthony Road, Exeter, Devon EX1-2ST**