



Junior Kayak Instruction Program Enrolment Form

School Term – 2 2018

Please complete both sides of this form and return with the PWS Student Medical and Risk Form

Student Name: (one form per student)

Age: (12-18yrs)

Parent Name:

Address:

Email: Parent

Student

Parent Phone: Home

Mobile

Will you be using your own boat, if so, what type is it?

Program Options (Please tick the appropriate box below)

5 Week (7.5 hour) Program

- Beginner Flatwater (Prerequisite: nil) \$150.00
- Beginner Movingwater (Prerequisite: Beginner Flatwater) \$180.00
- Beginner Whitewater (Prerequisite: Beginner Movingwater) \$180.00
- Freestyle (Prerequisite: Beginner Whitewater Course) \$180.00
- Slalom (Prerequisite: Beginner Whitewater Course) \$180.00

Term 2 – Proposed Dates

May	June
Lesson 1* Saturday May 5 th	Lesson 5* Saturday June 2 nd
Lesson 2* Saturday May 12 th	Winter Break – starts June 12th
Lesson 3* Saturday May 19 th	Season will resume September 1 st
Lesson 4* Saturday May 26 th	Term 4 – starts Saturday October 15 th

* All lessons will be 90 minutes duration

Proposed Session Times ONLY - all times will be confirmed after enrolment.

9:00am – 10:30am	Beginner Flatwater	
10:30am – 12:00pm	Beginner Movingwater	Beginner Whitewater
10:30am – 12:00pm	Slalom	Freestyle

Continued overleaf

Payment Options

Cash

Cheque

Credit Card

Total Amount

\$

VISA / MASTERCARD / AMEX (please circle)

Expiry Date ___ / ___

Name on Card: _____

Card Number: ____ / ____ / ____ / ____

I authorise Penrith Stadium Ltd. to debit the amount indicated above from my given credit card.

Cardholder's Signature: _____ **Date:** _____

Please note: Refunds or Credits may not be given once the program commences.

Enrolment is due by Wednesday 2nd May 2018

General Kayak Instruction Courses

Penrith Whitewater offers a variety of lessons and courses that vary in length from a one hour lesson to multi-day skills improvement courses. Instruction is offered in two basic forms – group or private.

Group Instruction Courses

We offer 4 levels of courses from Beginner to Advanced.

You will learn with a group of 3-8 people of similar skills and experience. Check out our website or pick up a brochure from Reception for more details and prices.

Private Instruction

We'll work with you to determine how best to meet your specific needs.

This may include one-on-one instruction, a small group, or instruction in an area not covered by an existing course.

Penrith Whitewater Stadium Ltd. ABN 76 083 662 140

McCarthys Lane, Cranebrook NSW 2749

PO Box 1120 Penrith Post BC NSW 2751

Phone: 47 30 4333

Fax: 47 30 4300

Email: bookings@penrithwhitewater.com.au

Website: www.penrithwhitewater.com.au



PENRITH WHITEWATER STADIUM LTD
ACCEPTANCE OF RISK AGREEMENT

(Note: Medical Form on reverse side of this sheet)

I am aware that during my participation in any activity arranged by Penrith Whitewater, its employees or agents, certain risks or dangers may occur which may include, amongst others:

- Physical exertion to which I may not be accustomed.
- Bodily injury; strains; fractures; paralysis; disease; death.
- The hazards of travelling in a raft, canoe or kayak in rough river conditions (including, but not limited to being thrown into unfamiliar water, risks inherent in water fights, swimming and other foreseeable risks related to whitewater activities); using paddles or other equipment.
- Extremes of weather and temperature including sudden and unexpected change.
- The possibility of accident or illness requiring the assistance of medical services.

I agree:

- To act as would a reasonably prudent person when engaging in recreational activities, and to obey and follow the instructions, rules and regulations offered at any time by Penrith Whitewater, its agents, employees and associates.
- That I may not participate in any recreational activity offered by Penrith Whitewater whilst intoxicated or under the influence of alcohol or drugs, and will undertake a breath analyzer test to establish that my blood alcohol concentration is below .05
- To advise Penrith Whitewater staff of any known health problems or medical disability and any prescribed medication that may be used in the treatment of such health problems during the course of the recreational activity.
- To notify Penrith Whitewater staff of any incident or accident involving personal injury or illness experienced during the course of any recreational activity at Penrith Whitewater Stadium. If such injury or illness occurs I agree to leave personal identification including name and address with an agent or employee of Penrith Whitewater.
- That if I suffer injury or illness Penrith Whitewater may, at my own cost, arrange such medical treatment and emergency evacuation service, as it shall consider necessary for my safety.

I hereby irrevocably consent to and authorise Penrith Whitewater to use and reproduce any and all photographs and videos taken of me for any purpose whatsoever, without further compensation to me. All such photographs and videos, including negatives and the like are solely the property of Penrith Whitewater.

I acknowledge that the enjoyment and excitement of an adventure activity is derived in part from risks incurred by the activity which may exceed those commonly accepted at home or at work. I accept all the inherent risks of my activity, and the possibility of personal injury, loss or property damage resulting therefrom. I waive all claims, which might arise against, and agree not to sue, Penrith Whitewater, its directors, employees, agents or contractors for any such injury loss or damage, which might be sustained by me as a result of my participation in such an activity.

In entering this agreement I am not relying on any representations made by or on behalf of Penrith Whitewater, but do so of my own free will.

I confirm that I have read and understood this agreement prior to signing it, and it shall be binding upon my heirs, executors, assigns and next of kin.

LastName _____ FirstName _____

Address _____

Suburb _____ State _____ Post Code _____

Telephone () _____ Male Female Date of Birth ____/____/____

Signature _____ Date ____/____/____

Parent/ Legal Guardian Signature (must be signed if participant is under 18 years of age)



**PENRITH WHITEWATER STADIUM LTD.
STUDENT'S MEDICAL FORM**

(Note: Risk Agreement Form on reverse side of this sheet)

To be completed by Parent or Guardian (Please Print). All information will be confidential. Students will not normally be excluded for medical reasons.

STUDENT INFORMATION:

Last Name:		First Name:	
Address:			
Phone No. (Home)		Sex: (M / F):	
Date of Birth:	/ /	Medicare No:	
Doctor's Name:		Doctor's Telephone:	
Doctor's Address:			

EMERGENCY CONTACT INFORMATION

Full Name:			
Address:			
Relationship		Phone No. (Home)	
Phone No. (Work)		Phone No. (Mobile)	

MEDICAL HISTORY:

Have you ever suffered from ASTHMA: Yes [] No []

Does your child have any of the following conditions?

Phobias:	Yes []	No []	Heart Condition:	Yes []	No []
Diabetes:	Yes []	No []	Migraine Headaches:	Yes []	No []
Epilepsy:	Yes []	No []	Sight/Hearing Disorder:	Yes []	No []
Bleeding Disorder:	Yes []	No []	Other:	Yes []	No []

Has your child ever suffered from an allergy: Yes [] No []
 Does your child wear contact lenses: Yes [] No []
 Is your child currently taking any medication: Yes [] No []
 Has your child suffered any serious injury in the past 12 months: Yes [] No []

If you answered YES to any questions, please provide details:

My child can swim 50 metres No [] with a struggle [] Comfortably [] Strongly []
 Date of last TETANUS injection:...../...../.....

I DECLARE THAT THE INFORMATION WHICH I HAVE PROVIDED IN THIS FORM IS COMPLETE AND CORRECT AND I AUTHORISE THE TEACHER OR ANY EMPLOYEE OF PENRITH WHITEWATER WHO IS WITH MY CHILD TO CONSENT, WHERE IT IS IMPRACTICAL TO COMMUNICATE WITH ME, TO MY CHILD RECEIVING SUCH MEDICAL TREATMENT AS MAY BE DEEMED NECESSARY.

Signature _____ Date ____/____/____

Parent/ Legal Guardian Signature (must be signed if participant is under 18 years of age)