

Paddle Manitoba

www.paddlemanitoba.org

Sea Kayak Course Registration

Course Date: _____

Course Selection

- | | |
|--|--|
| <input type="checkbox"/> Sea Kayak Basics Clinic (2 hours) | <input type="checkbox"/> Sea Kayak Waterfront Skills (5 hours) |
| <input type="checkbox"/> Sea Kayak Basics Skills (8 hours) | <input type="checkbox"/> Sea Kayak Level 1 Skills (16 hours) |
| <input type="checkbox"/> Sea Kayak Level 2 Skills (32 hours) | <input type="checkbox"/> Sea Kayak Rolling Clinic (2 hours) |

Participant's Name: _____

Full mailing address: _____

Phone Number: _____ e-mail: _____

What's the best way to contact you: _____

Please identify your past kayaking experience _____

Tell us what you hope to learn from this course _____

Do you have any fears or concerns about the course or about kayaking? _____

Are there any medical, allergies, or physical issues that may affect you paddling or that your instructor should be aware of? _____

Participant's Signature _____

Date: _____

☐ Paddle Manitoba Member, 2025