



PARACANOE PROGRAM

'Come and Try' Paracanoe Program - Registration Form

Program Date: _____ **Venue:** _____

Your Contact Information:

Name: _____ Contact Number: _____

Address: _____ State: _____ Postcode: _____

E-Mail Address: _____ Date of Birth: _____

If under 18 years of age, please state name of parent/guardian: _____

Emergency Contact: _____ Contact Number: _____

About You:

What is your disability? _____

Will you be using a wheelchair for this event? YES/NO If yes: Manual/Electric _____

Are you able to swim unassisted? _____

Have you previously been classified? YES/NO _____

If yes, in which sport/s? _____ If yes, what is your Classification? _____

Please return this registration form to:

Paul van Oosten

Australian Paralympic Committee

Phone: 03 8633 9003

Mobile: 0416 053 898

PO Box 277, Collins St West, Melbourne, VIC 8007

E-Mail: paul.vanoosten@paralympic.org.au



PROUDLY SUPPORTED BY

