



**Rotary Club of Peterborough Kawartha**  
**Adventure In Understanding – 2017 Canoe Experience Application Form**  
**August 27, 2017- September 1, 2017**

**CAMPER INFORMATION: (print clearly)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Birthdate (yyyy/mm/dd): \_\_\_\_\_ Camper's Age on Aug 1, 2017: \_\_\_\_\_ Gender: ☐ Male ☐ Female  
Do you self-identify as any of the following (optional): ☐ White ☐ Asian ☐ Aboriginal ☐ African American  
Home Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Email Address #1: \_\_\_\_\_ Email Address #2: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
Swimming Level: ☐ NLS ☐ Instructors ☐ Bronze Cross ☐ Bronze Medallion Expiry Date: \_\_\_\_\_  
Camping/Out-Tripping Experience: ☐ Tripping ☐ Flatwater ☐ Instructors ☐ Other: \_\_\_\_\_  
Canoeing Experience: \_\_\_\_\_  
First Aid Training: ☐ Emergency First Aid ☐ Standard First Aid ☐ CPR (Level C) & AED ☐ Wilderness Advanced First Aid (WAFA)

**PARENTS/GUARDIANS & EMERGENCY CONTACTS: (print clearly)**

**Marital status of camper's parents/guardians:**

☐ Single ☐ Married ☐ Separated ☐ Widowed ☐ Divorced ☐ Other \_\_\_\_\_

**Legal Custody** (be sure to include their contact information below):

☐ Both Parents (live together) ☐ Joint Custody (live apart) ☐ Mother ☐ Father ☐ Grandparents ☐ Guardian ☐ Foster Parents

**Emergency Contact:** Please list in order who should be contacted in case of emergency – be sure to include parents/guardians

1<sup>st</sup> Contact: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

First & Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

2<sup>nd</sup> Contact: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

First & Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

3<sup>rd</sup> Contact: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

First & Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

4<sup>th</sup> Contact: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

First & Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_



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**Page 2 – Please complete fully**

**PAYMENT: (print clearly)**

**COST: \$300**

Cost includes all meals and equipment except sleeping bag, ground sheet or thermarest and personal belongings such as clothes, toiletries, etc.

☐ Cheque – made payable to the Rotary Club of Peterborough Kawartha

☐ Credit Card – please complete information below

Credit Card Information:

Visa ☐ Mastercard ☐

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ (MM) \_\_\_\_\_ (YY) \_\_\_\_\_

Card Holder: \_\_\_\_\_

**APPLICATION INFORMATION:**

Applications will be processed in the order they are received until a total of 20 youth have registered. Subsequent applicants may be placed on a "wait list" if requested

**APPLICATION DUE DATE: August 1, 2017**

**SEND COMPLETED APPLICATION TO:**

Rotary Club of Peterborough Kawartha

c/o Don Watkins

645 Walkerfield Avenue

Peterborough, ON

K9J 4W1

Email: [adventureinunderstanding@gmail.com](mailto:adventureinunderstanding@gmail.com) (705)743-7693