



**Rotary Club of Peterborough Kawartha**  
**Adventure In Understanding – 2018 Canoe Experience Application Form**  
**August 26, 2018 – August 31, 2018**

**Page 2 – Please complete fully**

**PAYMENT: (print clearly)**

**COST: \$360**

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: June 1, 2018**

**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



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**CAMPER INFORMATION: (print clearly)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birthdate (yyyy/mm/dd): \_\_\_\_\_ Camper's Age on Aug 1, 2018: \_\_\_\_\_ 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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