



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 (705)743-7693



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

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 st Contact: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	2 nd Contact: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> 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 rd Contact: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	4 th Contact: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> 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: _____

Complete Page 2