

**Rotary Club of Peterborough Kawartha**

**Adventure In Understanding – 2020 Canoe Experience Application Form**

**August 30, 2020 – September 04, 2020**

**CAMPER INFORMATION: (print clearly)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: |  | | | | | | | | First Name: | | | |  | | | | | | | | | Middle Initial: | | | |  |
| Birthdate (yyyy/mm/dd): | | | | | | |  | | | Camper’s Age on Aug 01/20 | | | | |  | | | | | 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):

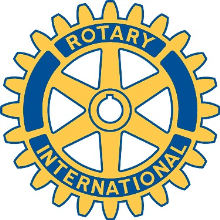
❑Both Parents (live together) ❑Joint Custody (live apart) ❑Mother ❑Father ❑ Grandparents ❑Guardian ❑Foster Parents

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1st Contact: ❑Mr. ❑Mrs. ❑Ms. ❑Miss ❑Dr. | | | 2nd 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: |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3rd Contact: ❑Mr. ❑Mrs. ❑Ms. ❑Miss ❑Dr. | | | 4th 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: |  | |

Complete Page 2



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**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, 2020

**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:doshwatkins@hotmail.com) (705)743-7693