



# Rotary Club of Cornwall Adventure In Understanding – 2024 Canoe Experience Application Form

## CAMPER INFORMATION: (print clearly)

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

Birthdate (yyyy/mm/dd): \_\_\_\_\_ Camper's Age on Aug 1st \_\_\_\_\_ Pronoun: \_\_\_\_\_

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: \_\_\_\_\_

Complete Page 2



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Page 2 – Please complete fully

### PAYMENT: (print clearly)

#### COST: \$400

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

- Cheque – made payable to the Rotary Club of Cornwall
- eTransfer to rotaryclubofcornwall@gmail.com

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### 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.

<b>APPLICATION DUE DATE: June 1st</b>
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#### SEND COMPLETED APPLICATION TO:

Rotary Club of Cornwall  
PO Box 411  
Cornwall, ON  
K6H 5T1  
Email: rotaryclubofcornwall@gmail.com

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