

Paddles in Action Program Camper Registration

Paddles in Action Trip _____ Dates: _____

Camper Name _____

Home Address _____

Postal Code _____

Birthdate _____

Age at Camp _____

Home Phone _____

Health Card/Insurance# _____

Grade Completed _____

Current Swimming Qualifications _____

Previous Camping Experience _____

Name of Person Billed _____

Address _____

Postal Code _____

Relationship to Camper _____

Mother _____

Work Phone _____ Mobile Phone _____

E-Mail Address _____

Father _____

Work Phone _____ Mobile Phone _____

E-Mail Address _____

Camper Lives With _____

Relationship _____ Summer Phone _____

Secondary Contact _____

Relationship _____ Phone _____

How did you hear about Paddles in Action? _____

I, _____ give the owner Glenn Grainger and staff of Paddles in Action the right to act as my representative in making emergency medical and safety decisions for the welfare of my son/daughter. In making this application, I affirm that my child is in good health, is capable of the physical demands required to participate and accept as personal risk the hazards of such participation. In consideration of Paddles in Action accepting this application, I hereby release and forever discharge Paddles in Action, their officers, directors, servers and agents from any liability whatsoever arising as a result of participation in this program and I declare that this release is binding upon me, my heirs, executor, and administrators. I agree for and behalf of themselves and the camper that any photographs taken of the camper by Paddles in Action personnel may be used without charge by Paddles in Action in any promotional material, including brochures, slide shows, company website or videos.

Signature _____ Date _____