



## Kayak Camp Registration Form

Today's Date: \_\_\_\_\_ Camp Week Dates: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Participant's Age: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Does the participant have any medical conditions/allergies?  Yes  No

If yes, please describe: \_\_\_\_\_

### Emergency Contact Information:

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

Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Please mail completed registration form, release form and check to: 90 Maple Street, Norton, MA 02766

Or, email forms back and pay via PayPal (search for info@nortonkayakco.com)

\$175 per paddler/per week