



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)

\$180 per paddler/per week