



## 2017 SUMMER PROGRAMS REGISTRATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Info:     M / F    D.O.B. (dd/mm/yyyy): \_\_\_\_\_

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

Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Youth Summer Programs

Program (please select one)	Program Cost
<u><i>Tuesday Night Longboat Sailing Program – Midland</i></u>	
<ul style="list-style-type: none"> <li>▪ Tuesday Evenings: 6:30pm – 8:45pm</li> <li>▪ May 30, 2017 to September 26, 2017</li> <li>▪ Must be 14 years of age or older</li> <li>▪ Program Location: Bay Port Yachting Centre, Midland</li> </ul>	\$150* _____
<u><i>Residential Sailing Program – Parry Sound (Georgian Bay)</i></u>	
<ul style="list-style-type: none"> <li>▪ Saturday Aug 19<sup>th</sup> to Saturday Aug 26<sup>th</sup>, 2017</li> <li>▪ Sailing &amp; Rowing and camping each night</li> <li>▪ Must be 14 years of age or older</li> <li>▪ Program Location: Parry Sound &amp; throughout the bay</li> </ul>	\$250* _____

#### Atlantic Challenge Canada is part of Scouts Canada

\*Membership in Scouts Canada is \$150 which is compulsory for either program although needs to be paid only once for all programs. Funding may be available through Scouting and/or Jumpstart for this cost.

#### Method of Payment

- Cash
- Cheque (Please make cheque payable to **Atlantic Challenge Canada**)



P.O. BOX 573, MIDLAND, ON, L4R 4L3, CANADA

www.atlanticchallenge.ca 1.866.734.9364

## General Information

Please take a moment to fill out the following information.

**A) How did you here about Atlantic Challenge Canada?**

- Internet
- Scouting
- Friends and Family
- Other (Please specify): \_\_\_\_\_

**B) Amount of boating or sailing experience. Have you complete any boating or sailing courses? (Note: none is required to participate)**

---

---

---

**Interests, talents, and special qualifications. (i.e. swimming certifications, life guarding, first aid, sports, hobbies, etc...)**

---

---

---

## Assumption of Risk and Authorization

Swimming ability: Although participants wear life jackets at all times when they are in the boats, each crew member should have basic swimming skills.

I certify that I can swim at least 100 meters and tread water for 5 minutes. I understand that there may be risk of injury associated with boarding, traveling, and going ashore from these open rowing and sailing boats.

I hereby agree to indemnify, release, and hold free from blame, the Historic Marine Association of Canada, known as Atlantic Challenge Canada, its directors, and each of its volunteer leaders for any loss or damage through personal injury or any claims arising from any sickness or discomfort while participating in these programs.

In event of medical emergency, I/we hereby give permission for Atlantic Challenge Canada leaders to obtain emergency medical treatment, subject to any notations below.

Signature of Participant (or Guardian if under 18)

Date \_\_\_\_\_

### Emergency Contact

Contact 1: Name: \_\_\_\_\_ Home # ( ) \_\_\_\_\_ -

Relation: \_\_\_\_\_ Mobile/ Work # ( ) \_\_\_\_\_ -

Contact 2: Name: \_\_\_\_\_ Home # ( ) \_\_\_\_\_ -

Relation: \_\_\_\_\_ Mobile/ Work # ( ) \_\_\_\_\_ -

## Release of Information

I irrevocably give the right to Atlantic Challenge Canada or its agents to use my name, and/or any likeness of me in photographs, slides, film, video, digital media, or any medium, when used for educational or promotional purposes.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

### For More Information

**Contact:**

Cheryl Keith  
(705) 549-6254

[cheryl.keith@atlanticchallenge.ca](mailto:cheryl.keith@atlanticchallenge.ca)

Scott Wagg  
(705) 345-4345

[scott.wagg@atlanticchallenge.ca](mailto:scott.wagg@atlanticchallenge.ca)

**Mail completed forms to:**

Summer Programs  
Atlantic Challenge Canada  
P. O. Box 573  
Midland, ON  
L4R 4L3

