



2025 SUMMER PROGRAMS REGISTRATION

Date: _____

Name:	Home
	Phone:
Email:	Mobile
	Phone:
Info:	
	D.O.B. (dd/mm/yyyy):
Street	
Address:	
Town:	Province:
	Postal Code:

Youth Summer Programs

Program Details

Program Cost

Thursday Night Longboat Sailing Program – Midland

- Thursday Evenings: 6:15pm – 8:30pm
- June 5th to September 18th, 2025
- Must be 14 years of age or older
- Program Location: Bay Port Yachting Centre, Midland

\$125.00 _____

Fall Weekend Camping: Details to come in late summer

***Costs T.B.D and will be announced with more info

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

General Information

Please take a moment to fill out the following information.

A) How did you hear about Atlantic Challenge Canada?

- ☐ Internet
- ☐ Newspaper
- ☐ Friends and Family
- ☐ Other (Please specify): _____

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

C) 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 the event of a 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 #	()	-

Further Information

Is there anything we should be aware of to better support your child?

Does your child have any specific needs or requirements in order to participate fully?

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:

Dave Harker, Programs
(705) 937-8851
explorer@csolve.net

Scott Wagg, Chairperson
(705) 345-4345
scott.wagg@atlanticchallenge.ca

Please bring completed forms to Thursday Night Program