

MIDWEST CANOE SYMPOSIUM, 2017
REGISTRATION FORM

Name: _____ **Phone:** _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

ACA number _____

I am paddling (Check one): solo ___ tandem ___ Renting boat/ SUP ___

Rent gear _____

I am: Camping ___ Staying in Dorm ___ Need motel information ___

I plan to arrive on _____ around _____ o'clock

Interpretive FS Exhibition: ____: (Check only if you would like to participate; held Sat. eve.)

Solo ___ **Tandem** ___ **Paired Solo** ___

Classes:

Freestyle Classes: (FreeStyle classes Fri. 1:30-4:30 p.m.; Sat., Sun. 9 a.m.-12 noon)

<u>Check class below:</u>	<u>Fr., Sat. Sun.:</u>	<u>OR</u>	<u>Sat. Sun.:</u>	<u>Circle one:</u>
___ Obedience Train Your Canoe	\$105 \$____		\$70 \$____	Solo/Tandem
___ FreeStyle Building Blocks	\$105 \$____		\$70 \$____	Solo/Tandem
___ Forward	\$105 \$____		\$70 \$____	Solo/Tandem
___ Reverse	\$105 \$____		\$70 \$____	Solo/Tandem
___ Cross Forward	\$105 \$____		\$70 \$____	Solo/Tandem
___ Cross Reverse	\$105 \$____		\$70 \$____	Solo/Tandem
___ Fine Tuning	\$105 \$____		\$70 \$____	Solo/Tandem
___ Exhibition	\$105 \$____		\$70 \$____	Solo/Tandem

Special Topics Classes: (Fri. 10 a.m. -12 noon, Sat. 1:30 – 3:30 p.m.)

Check class below:

Check a day / time below:

<input type="checkbox"/> Canoeing Essentials	Fri. a.m. ___ Sat. p.m. ___	\$15 ___
<input type="checkbox"/> Moving Around in Your Boat	Fri. a.m. ___ Sat. p.m. ___	\$30 ___
<input type="checkbox"/> Tandem Tune Up	(Sat. p.m. Only)	\$30 ___
<input type="checkbox"/> Forward Stroke Clinic (Solo)	Fri. a.m. ___ Sat. p.m. ___	\$30 ___
<input type="checkbox"/> Paddling Straight in Reverse	(Sat. p.m. Only)	\$30 ___
<input type="checkbox"/> Heeling & Kneeling 101 (Beg. FreeStyle)	(Sat. p.m. Only)	\$30 ___
<input type="checkbox"/> Kids Class (per class)	Fri. p.m. ___ Sat. a.m. ___ Sun. a.m. ___	\$30 ___
<input type="checkbox"/> Playing With Paired Solo	(Fri. only)	\$30 ___
<input type="checkbox"/> Touring Technique	Fri. a.m. ___ Sat. p.m. ___	\$30 ___

Subtotal Freestyle , Special Topics Classes:

\$ _____

Special Class Offerings:

Check class below:

Circle Day & Time:

<input type="checkbox"/> Breathe, Move, & Refresh (Sat. 3:45–4:45 p.m)		\$10 ___
<input type="checkbox"/> Quick Start Your SUP (10 a.m.–12 or 1:30–3:30 p.m.)	Sat. a.m. OR Sat. p.m.	\$20 ___
<input type="checkbox"/> Canoe Poling (Fri. or Sat., 1 p.m. – 4:30 p.m.)	Fri. p.m. OR Sat p.m.	\$35 ___
<input type="checkbox"/> L3 River Canoe Skills (Sat. 9 a.m. - 4:45 p.m.)		\$70 ___
<input type="checkbox"/> Optional L3 River Canoe Skills Follow Up (Sun 9 a.m. -12 noon)		\$35 ___

Instructor / IT Updates:

<input type="checkbox"/> L1 – L2 Touring Canoe (Fri. 9 a.m. – 5 p.m.)	\$80 ___
<input type="checkbox"/> L3 Freestyle Canoe (Fri. 9 a.m. - 5 p.m.)	\$80 ___
<input type="checkbox"/> L1 Kayak (Fri. 9 a.m. – 5 p.m)	\$80 ___
<input type="checkbox"/> L2 River Kayak (Fri. 9 a.m. - 5 p.m.)	\$80 ___
<input type="checkbox"/> Canoe Camping Endorsement (Fri. 9 a.m. – 5 p.m.)	\$80 ___
<input type="checkbox"/> L2 – L3 River Canoe (Fri. 9 a.m. – 5 p.m.)	\$80 ___
<input type="checkbox"/> L1 Introduction to Kayak IDW / ICE (Register via link on Class Descriptions Page)	

See Link

Subtotal Special Classes, Updates \$ _____

Discount Early Registration & Site Fee (through August 21) \$50 \$ _____

Additional Site Fee if staying Thurs. night \$15 \$ _____

Registration & Site Fee after August 21 \$65 \$ _____

Subtotal for Required Registration, Site Fees \$ _____

Meals:

	Breakfast (\$7 each)	Lunch (\$7 each)	Dinner (\$12 each)	Total for Meals
Friday	Not Available			
Saturday				
Sunday			Not Available	

Midwest Canoe Symposium T- Shirt Size _____ \$18 \$ _____

Boat/gear rental, \$30 per day; \$15 per ½ day \$ _____

Size PFD _____ Paddle _____ Kneeling Pad _____

(\$15 rental fee if need boat & gear for Canoeing Essentials or Quick Start SUP; mark PFD size needed)

Subtotal Meals, T-Shirt, Rentals \$ _____

Grand Total \$ _____

Make checks payable to: Elaine Mravetz

Return Registration, Medical, Waiver, and Payment to:

Elaine Mravetz, P.O. Box 136, Sharon Center, OH 44274

Questions? Contact Elaine Mravetz at: 330-239-1725, or 330-321-5111; e-mail:

rmravet@uakron.edu

CONFIDENTIAL MEDICAL AND EMERGENCY INFORMATION

If unsure of your physical condition or health regarding paddlesports, please consult your physician in advance.

Name _____
Street Address: _____
City, State, Zip: _____
Phone: Home () _____ Work: () _____
Cell () _____ E-mail: _____

In case of emergency, please notify:

Name _____ Relationship _____
Telephone: () _____ or () _____
E-mail: _____

Do you have any physical condition which might lead to dizziness or fainting? Yes ___
No ___ If you checked Yes, please elaborate:

Do you have allergic reactions to insect stings or any other source? Yes ___ No ___
If yes, do you carry medication for this? Yes ___ No ___
If yes, where will it be located?

Are you currently under a physician's care? Yes ___ No ___
If yes, please elaborate:

Please note below any conditions that may affect your health or comfort while paddling, any significant dietary restrictions, or any special needs that you may have (use additional page if more space needed):

Insurance Information: Company Name _____
Group # / ID # _____
Insured Person's Name _____