

# REGISTRATION FORM MIDWEST CANOE SYMPOSIUM, 2023

(Please print. One form for each person)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I am paddling (Check one): solo \_\_\_\_\_ tandem \_\_\_\_\_ Renting boat \_\_\_\_\_ Rent gear \_\_\_\_\_

Canoe I will be bringing (unless renting): \_\_\_\_\_

I am \_\_\_\_\_ Camping on site \_\_\_\_\_; Staying in my trailer on site \_\_\_\_\_; Staying in Dorm \_\_\_\_\_;

No lodging required \_\_\_\_\_; Need motel information \_\_\_\_\_

I plan to arrive on \_\_\_\_\_ around \_\_\_\_\_ o'clock.

**Classes:** Note: Offering of each class will depend on the number of registered students and availability of instructors. If we need to cancel a class, we will reach out to you to schedule an alternative or arrange a refund.

**Core Classes:** (Fri. 1:30-4:30 p.m.; Sat. & Sun. 9 a.m.-12 noon)

<b><u>Check class below:</u></b>	<b><u>3-day</u></b>	or	<b><u>Fri-Sat</u></b>	<b><u>Circle one:</u></b>
_____ Beyond the Basics for Canoe	\$150 _____		\$100 _____	Solo / Tandem
_____ Building Blocks	\$150 _____		\$100 _____	Solo / Tandem
_____ Freestyle Forward	\$150 _____		\$100 _____	Solo / Tandem
_____ Freestyle Reverse	\$150 _____		\$100 _____	Solo / Tandem
_____ Freestyle Cross Forward	\$150 _____		\$100 _____	Solo / Tandem
_____ Freestyle Cross Reverse	\$150 _____		\$100 _____	Solo / Tandem
_____ Freestyle Fine Tuning	\$150 _____		\$100 _____	Solo / Tandem
_____ Freestyle Exhibition	\$150 _____		\$100 _____	Solo / Tandem

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

<b><u>Check class below:</u></b>	<b><u>Check a day / time below:</u></b>		
_____ Obedience Train Your Canoe	Fri. a.m. _____		\$45 _____
_____ Tandem Tune Up	Fri. a.m. _____	Sat. p.m. _____	\$45 _____
_____ Forward Stroke Clinic (Solo only)	Fri. a.m. _____	Sat. p.m. _____	\$45 _____
_____ Touring Technique	Fri. a.m. _____	Sat. p.m. _____	\$45 _____
_____ Heeling & Kneeling 101	Fri. a.m. _____	Sat. p.m. _____	\$45 _____
_____ Moving Around in Your Canoe (Solo only)	Fri. a.m. _____	Sat. p.m. _____	\$45 _____
_____ Paddling Straight in Reverse	Fri. a.m. _____	Sat. p.m. _____	\$45 _____
_____ Private Lesson	Fri. a.m. _____	Sat. p.m. _____	\$75 _____
_____ Cuyahoga River -The Buried Falls		Sat. p.m. _____	\$35 _____

**Subtotal FreeStyle , Special Topics Classes:** \$ \_\_\_\_\_

Registration / Site Fee / Insurance (Required of everyone on site) \$65 \_\_\_\_\_  
Additional Site Fee if staying Thurs. night \$15 \_\_\_\_\_

**Subtotal for Required Registration, Site Fees** \$ \_\_\_\_\_

**Meals**

	Breakfast (\$12 each)	Lunch (\$15 each)	Dinner (\$20 each)	Total for Meals
Friday	*			
Saturday				
Sunday			Not Available	

\*: A continental breakfast will be available Friday morning for an \$8 suggested donation. No need to sign up in advance.

**Vegetarian? Yes No**

Midwest Canoe Symposium 2023 T-Shirt  
Size \_\_\_\_\_ Select one: V-neck Crew \$20 \$ \_\_\_\_\_

Boat/gear rental, \$35 per day; \$20 per ½ day \$ \_\_\_\_\_  
Size PFD \_\_\_\_\_ Paddle \_\_\_\_\_ Kneeling Pad \_\_\_\_\_  
(mark PFD size only if needed; Height / Wt. for boat/ paddle on Medical form)

**Subtotal Meals, T-Shirt, Rentals** \$ \_\_\_\_\_

**Grand Total** \$ \_\_\_\_\_

**Make checks payable to: Jim Satrape**

**Return Registration, Medical, and Payment to:**  
**Jim Satrape, 1858 Thornhill Dr., Akron, OH 44313**

NOTE: Feel free to fill out the Registration document using Microsoft Word (or by hand, and then scan it) and email it to me, then mail your check separately.

Questions? Contact Jim Satrape at: 330-806-5807; e-mail: [midwestcanoesymp@gmail.com](mailto:midwestcanoesymp@gmail.com)

## CONFIDENTIAL MEDICAL AND EMERGENCY INFORMATION

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

Name \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: Cell (    ) \_\_\_\_\_ Home (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_

If renting a boat and / or paddle, gear: Height: \_\_\_\_\_ Weight \_\_\_\_\_  
(So the proper sized boat and paddle shaft length can be determined for you)

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 back of page if more space needed):

Insurance Information: Company Name \_\_\_\_\_

Group # / ID # \_\_\_\_\_

Insured Person's Name \_\_\_\_\_