

REGISTRATION FORM MIDWEST CANOE SYMPOSIUM, 2024

(Please print. One form for each person. Non-paddling family members must register separately)

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Name you want on your nametag: _____

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

Canoe I will be bringing (specify your canoe, 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)

<u>Check class below:</u>	<u>3-day</u>	or	<u>Fri-Sat</u>	<u>Circle one:</u>
___ 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. Note different times on schedule for river trip and river class)

<u>Check class below:</u>	<u>Check a day / time below:</u>	
___ 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 (Solo only)	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 ___
___ Nail the Rail (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 ___
___ Paddling Rivers (Solo only)	Fri. a.m. ___ Sat. p.m. ___	\$60 ___
___ Cuyahoga River -The Buried Falls	Fri. a.m. ___ Sat. p.m. ___	\$35 ___

Subtotal Core and Special Topics Classes: \$ _____

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

Subtotal for Required Registration, Site Fees \$ _____

Meals

	Breakfast (Price shown)	Lunch (\$15 each)	Dinner (\$20 each)	Total for Meals
Friday	(\$8)*			
Saturday	(\$12)			
Sunday	(\$12)		Not Available	

*: Friday morning will be a continental breakfast.

Vegetarian? Yes No

List any special food requirements: _____

Midwest Canoe Symposium 2024 T-Shirt
 Size _____ Select one: V-neck Crew \$20 \$ _____

NOTE: V-neck T-shirt are sized smaller than Crew

Boat/gear rental, \$35 per day; \$20 per 1/2 day \$ _____

If renting boat: Height _____ Weight _____

Size PFD _____ Paddle _____ Kneeling Pad _____

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

CONFIDENTIAL MEDICAL AND EMERGENCY INFORMATION

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

Participant Name _____

Street Address: _____

City, State, Zip: _____

Phone: Cell () _____ Home () _____

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 for a medical condition?

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 _____