



# South Florida Canoe Kayak Club After School Programs 2015

**Afterschool  
Program Begins the week of  
Sept 1, 2015**

418 SW 3<sup>rd</sup> Place  
Cape Coral, FL  
[www.sfckc.org](http://www.sfckc.org)  
Boathouse: 239-443-6527  
Melinda.mack@sfckc.org

## Limited Space Available:

- 2 day a week 4-5:30pm \$100 per month  
(A minimum of 10 students must be met to hold program)

**This is a year round program that will include a variety of on and off water activities. This program is for ages 8 - 15 and runs from 4 - 5:30, Tues/Thurs. (except school holidays) \*Staff will be available for pick up until 6pm.**

**\*\*\*Please Note: SFCKC also has a once a school year registration fee of \$25 per athlete, due at the time of registration.**

Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (day) \_\_\_\_\_ Phone (night) \_\_\_\_\_ Email \_\_\_\_\_  
 Emergency Contact Information \_\_\_\_\_  
 Special Concerns or History \_\_\_\_\_  
 Primary Physician \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Hospital Preference \_\_\_\_\_ Insurance Company \_\_\_\_\_  
 Name of Policy Holder \_\_\_\_\_ Policy Group Number \_\_\_\_\_  
 Emergency Contacts:  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_

In the event that I cannot be reached during an emergency, permission is given to the SFCKC staff to transport child as named above to the hospital and/or secure the intervention of treatments deemed to be necessary by a medical professional.

Emergency Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Method: Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ (pay online at website [www.sfckc.org](http://www.sfckc.org))

**Total:** \_\_\_\_\_