



South Florida Canoe Kayak Club Winter Snowflake Camp - 2014

Winter camp will be held from
9am-3pm each day and will be
\$25 per day you wish to attend.

418 SW 3rd Place
Cape Coral, FL
www.sfckc.org
Boathouse: 239-443-6527
Melinda.mack@sfckc.org

**Winter camp is \$25 per day / Pre-Registration Required
(All equipment provided)**

Ages 8-15



SELECT YOUR DAY(S):

_____ **Fri Dec 19th** , _____ **Mon Dec 22nd** , _____ **Tue Dec 23rd** , _____ **Wed Dec 24th**

Registration is due by Monday, December 15th at 5pm. A minimum of 6 campers must be registered for each day. Any registrations after the 15th will incur a \$10 late fee.

Camper Name _____ Camper DOB _____

Parent Name _____

Address _____ City _____

State _____ Zip _____

Phone (day) _____ Phone (night) _____ Email _____

Emergency Contact Information

Special Concerns or History _____

Primary Physician Name & Phone: _____ Phone: _____

Hospital Preference _____ Insurance Company _____

Name of Policy Holder _____ Policy Group Number _____

Emergency Contact Name & Phone: _____

Name _____ Phone _____

Name _____ Phone _____

In the event that I cannot be reached during an emergency, permission is given to the SFCKC staff to transport my 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 _____ Visa, MC, Discover, American Express

Credit Card Account # _____ Exp. Date: _____

Name on Card: _____

Billing Address: _____

Total: _____