



South Florida Canoe Kayak Club
Fall Racing Program Camp
Begins September 7, 2016

418 SW 3rd Place
Cape Coral, FL
www.sfckc.org

Boathouse: 239-257-9245
Melinda.Mack@sfckc.org

**Open house Wednesday
August 31st at 7:00pm at
the Boathouse**

**Monday & Wednesdays
4:00pm – 5:30pm
\$85.00** Per Month**

**Boys & Girls Ages 8 – 15
Space is limited**

Child Name _____ DOB _____

Address _____ City _____ State _____ Zip _____

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

Parent/Guardian Contact Information (Name & Phone)

Primary Physician _____ Phone _____

Special Concerns / Limitations / History:

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 _____ Visa, MC, Discover, American Express

Credit Card Account # _____ Exp. Date: _____

Name on Card: _____

Billing Address: _____

Total: _____

** plus an additional School Year registration fee of \$50.00