

**Wausau Kayak / Canoe Corporation**

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[www.wausauwhitewater.org](http://www.wausauwhitewater.org) Julie Walraven, Operations Coordinator  
Michael Schroeder, President



**REGISTRATION FORM - 2009 OPEN CANOE CLINIC**

**July 27 - 28, 2009 at Wausau Whitewater Park**

**Instructor: Andy Walker, Chelsea, Quebec, Ontario**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **EMAIL ADDRESS** \_\_\_\_\_

**AGE** \_\_ **BIRTHDATE** \_\_\_\_\_  **MALE**  **FEMALE** **ACA #** \_\_\_\_\_

**PADDLING EXPERIENCE/CAMP EXPECTATIONS:**

1. **Have you canoed/kayaked?**  never  a few times  a lot  flatwater  moving water  whitewater
2. **Have you**  raced  solo  open canoe tandem  open canoe solo  kayak  decked canoe
3. **Equipment you will bring?**  open canoe  paddle  lifejacket  helmet  spray skirt  paddling jacket  booties/water shoes  polypropylene underwear  car  bike
4. **Do you have an Eskimo roll?**  no  pool sometimes  river sometimes  never miss a roll
5. **Do you have any medical or dietary restrictions?**  No  yes If yes, please detail on the back of this form.

**Class size is limited so prompt registration is encouraged. When the class is filled, notification will be posted on the website.**

The clinic is conducted on the Wausau Whitewater course and students should be comfortable on Class III Whitewater. See website for instructor's suggested student profile.

Money enclosed:

_____	+ \$125	Registration fee.
_____	+ \$20	Equipment Rental Fee if you need equipment.
_____	+ \$5	ACA Event Fee if not a member or
_____		ACA Membership \$30/Individual \$40/Family \$10 6-Month Introductory Rate
_____		<b>TOTAL PAID</b>

Checks are payable to Wausau Kayak / Canoe Corporation (WKCC), 1202 Elm Street, Wausau, WI 54401. Or fax form with credit card info to (270) 514-5263. Or use Paypal payment option. Waivers must be signed to be registered. Waivers and other forms will be onsite as well as posted on [www.wausauwhitewater.org](http://www.wausauwhitewater.org) as pdf files including ACA waiver, local waiver, transportation release, and medical release forms.

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Credit Card # (MasterCard or Visa Only)                      Exp. Date                      Cardholder Signature