

**REGISTRATION FORM 2008 WAUSAU KAYAK/CANOE SLALOM CAMP**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_ ZIP Code \_\_\_\_\_ ACA Number \_\_\_\_\_  
e-mail address \_\_\_\_\_  
Adult Accompanying Participant (if under 18) \_\_\_\_\_

**PADDLING EXPERIENCE/CAMP EXPECTATIONS:**

1. Have you canoed/kayaked? \_never \_a few times \_a lot \_flatwater \_moving water \_whitewater \_raced \_solo \_open canoe tandem \_open canoe solo \_kayak decked canoe
2. Equipment you will bring? \_decked canoe \_kayak \_paddle \_lifejacket \_helmet spray skirt \_paddling jacket \_booties/water shoes \_polypropylene underwear \_car \_bike
3. Do you have an eskimo roll? \_no \_pool sometimes \_river sometimes \_never miss a roll
4. Do you have any medical or dietary restrictions? \_no \_yes If yes, please detail on the back of this form.

**FINANCIALS**

Camp – June 23 to 27 - \$ 250.00 \_\_\_\_\_  
 If you are not an ACA Member, additional \$5 enclosed \_\_\_\_\_  
 Equipment fee if you don't bring your own, \$ 40.00 \_\_\_\_\_  
 Late fee (after June 5) \$25 \_\_\_\_\_  
 Total = ACA + Camp fees + late fees \_\_\_\_\_

Make check payable to **Wausau Junior Training Camp**. Send this form, and fees to Tom Vollstedt, 6210 Kirk Street, Schofield, WI 54476 as early as possible. Space is limited, space allocated as forms are received. ACA waiver, local waiver, transportation release form, and medical release forms will be on the web site for those registering. Incomplete forms will be returned. Please use a separate form for each participant. Photocopies are OK.