



Fall Break Canoe Trip: Registration Form

Registration Deadline: October 2nd

Trip Dates: October 7-11th, Black Canyon, AZ

Fee:\$125

Participant Name: _____ Date of Birth ___/___/___

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Grade: _____

Name of Parent/Legal Guardian: _____ Phone: _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Number: _____

Food Resitrictions: _____

Allergies: Yes No

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them. _____

List any prescription medications: _____

Does the participant have any limiting physical conditions (temporary or permanent)?

Yes _____ No _____

If yes, please describe the condition, the activity it could affect and limitations for that activity: _____
