



Rotary Club of Peterborough Kawartha

Adventure In Understanding – 2025 Canoe Experience Application Form

August 24, 2025 – August 29, 2025

CAMPER INFORMATION: (print clearly)

Last Name: _____ First Name: _____ Middle Initial: _____

Birthdate (yyyy/mm/dd): _____ Camper's Age on Aug 01/25 _____ Pronoun _____

Do you self-identify as any of the following (optional): ☐ White ☐ Asian ☐ Aboriginal ☐ African American

Home Address: _____

City/Town: _____ Province/State: _____ Postal Code: _____

Email Address #1: _____ Email Address #2: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Swimming Level: ☐ NLS ☐ Instructors ☐ Bronze Cross ☐ Bronze Medallion Expiry Date: _____

Camping/Out-Tripping Experience: ☐ Tripping ☐ Flatwater ☐ Instructors ☐ Other: _____

Canoeing Experience: _____

First Aid Training: ☐ Emergency First Aid ☐ Standard First Aid ☐ CPR (Level C) & AED ☐ Wilderness Advanced First Aid (WAFA)

PARENTS/GUARDIANS & EMERGENCY CONTACTS: (print clearly)

Marital status of camper's parents/guardians:

☐ Single ☐ Married ☐ Separated ☐ Widowed ☐ Divorced ☐ Other _____

Legal Custody (be sure to include their contact information below):

☐ Both Parents (live together) ☐ Joint Custody (live apart) ☐ Mother ☐ Father ☐ Grandparents ☐ Guardian ☐ Foster Parents

Emergency Contact: Please list in order who should be contacted in case of emergency – be sure to include parents/guardians

1st Contact: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

2nd Contact: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

First & Last Name: _____ First & Last Name: _____

Relationship: _____ Relationship: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Other Phone: _____ Other Phone: _____

3rd Contact: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

4th Contact: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

First & Last Name: _____ First & Last Name: _____

Relationship: _____ Relationship: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Other Phone: _____ Other Phone: _____



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Page 2 – Please complete fully

PAYMENT: (print clearly)

COST: \$400

Cost includes all meals and equipment except sleeping bag, ground sheet or therm-a-rest and personal belongings such as clothes, toiletries, etc.

- ☐ Cheque – made payable to the Rotary Club of Peterborough Kawartha
☐ eTransfer to adventureinunderstanding@gmail.com

APPLICATION INFORMATION:

Applications will be processed in the order they are received until a total of 20 youth have registered. Subsequent applicants may be placed on a “wait list” if requested.

APPLICATION DUE DATE: June 1, 2025

SEND COMPLETED APPLICATION TO:

Rotary Club of Peterborough Kawartha
c/o Don Watkins
645 Walkerfield Avenue
Peterborough, ON
K9J 4W1
Email: adventureinunderstanding@gmail.com (705)743-7693
