

# Adirondack Adventure Registration Form

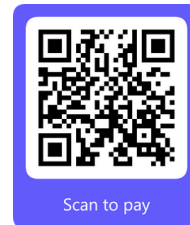
July 21 - 24 Women Only  
August 4 - 7 Men and Women



	Name	Date	
	Address	Email	
	Adventure Dates	Contact Number	

**Please submit along with your completed registration form:**

- \$325 deposit if registering before July 1 (e-transfer, cheque or credit card)\*
- Full payment of \$650 if registering after July 1st\*
- Copy of travel insurance purchased for adventure dates
- Copy of a valid passport ID



Deposit \$325



Pay In Full \$650

\*no refunds after July 1st

	Emergency Contact	Phone Number
	Medical Doctor	Phone Number

*OHIP Number* \_\_\_\_\_

*Medical Conditions* \_\_\_\_\_

*Allergies* \_\_\_\_\_

*Experience camping or hiking* \_\_\_\_\_

*Any additional information* \_\_\_\_\_

*I certify, to the best of my knowledge, (I am) in sufficiently good health to participate actively in this retreat and, should this condition change at any time before or during the retreat, I will notify Beth or Kelley immediately. Beth Sturdevant or Kelley Crowe or any other person available to help, has my permission to call Emergency 911 and/or to send me to a hospital or emergency care facility, and the hospital and medical staff have my authority to provide emergency treatment deemed necessary for my well being. In the interim of waiting for an emergency medical responder, I agree to allow certified CPR/First Aid instructors to administer emergency CPR/First Aid on me until the appropriate emergency medical responder has arrived.*

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Signature