

REGISTRATION FORM
MIDWEST FREESTYLE CANOE SYMPOSIUM, 2011

(Please print. One form for each person. Please copy additional registration forms if needed.)

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____ ACA number _____

I am paddling (Check one) solo _____ tandem _____ Renting boat _____ need gear _____
I am: Tenting _____ Staying in the Dorm _____ I need motel information _____

Slalom Fun Race : _____ (Fri. 5 p.m. Check if you would like to enter for fun! Free!)

Interpretive FS Exhibition: _____: (Also Free. Check only if you would like to enter. Forms will be sent with confirmation information; held in conjunction with National Competition Sat. eve.)

Men's Solo _____ Women's Solo _____ Tandem _____

FS Classes: (FreeStyle classes Fri. 1:30-4:30 p.m.; Sat., Sun. 9 a.m.-12 noon)
(Check class below) (Enter amount below)

____ Level 1.....\$105_____

____ Level 2.....\$105_____

____ Level 3.....\$105_____

____ Level 4.....\$105_____

____ Level 5.....\$105_____

____ Level 6.....\$105_____

____ Level 7.....\$105_____

Make checks payable to:
Elaine Mravetz

**Return registration, waiver,
medical form, and payment
to:**

**Elaine Mravetz
6210 Boneta Road
P. O. Box 136
Sharon Center, OH 44274**

Special Topics Classes: (Held Fri. 10 a.m. -12 noon, Sat. 1:30 – 3:30 p.m.)

____ **Competitor & Judging Mtg. (Fri. eve.; no fee)**_____

____ **Solo a Tandem**\$30_____

____ **Nail the Rail (Adv. Freestyle).....**\$30_____

____ **Forward Stroke Clinic.....**\$30_____

____ **Touring Technique.....**\$30_____

____ **Heeling & Kneeling 101 (Beg. FreeStyle).\$30**_____

____ **Kids Class.....**\$30_____

Special Class Offerings:

___ Yoga for Paddlers (Fri, Sat. 4 – 5 p.m.)..\$8 per class _____
___ Instructor Updates:
___ L1 & L2 Touring Canoe (Fri. 9 a.m. – 5 p.m.).....\$80 _____
___ L1 & L2 River Canoe (Sat. 9 a.m. – 5 p.m.).....\$80 _____
___ L1 Kayak (Fri. 9 a.m. – 5 p.m.).....\$80 _____
___ L2 River Kayak (Sat. 9 a.m. – 5 p.m.).....\$80 _____
___ Canoe Camping Endorsement (Fri. 9 a.m. – 5 p.m.)\$80 _____
___ ARC CPR & 1st Aid (cost & date TBA based on interest & Instr. availability)

Registration / Insurance (Required)..\$25 _____
Site Admission Fee (Required).....\$25 _____
Late Registration Fee (After Aug. 30) \$20 _____

Meals:

Friday Lunch.....\$6 _____
Friday Supper.....\$11 _____
Saturday Breakfast.....\$6 _____
Saturday Lunch.....\$6 _____
Saturday Supper.....\$11 _____
Sunday Breakfast.....\$6 _____
Sunday Lunch.....\$6 _____

Midwest 2011 T-shirt.....\$18 _____ Size _____
Boat/gear rental, \$30 per day Size PFD _____

Grand Total.....\$ _____

Questions? Contact Elaine Mravetz at:
330-239-1725, or rmravet@uakron.edu

CONFIDENTIAL MEDICAL AND EMERGENCY INFORMATION

If unsure of your physical condition or health regarding paddlesports, please consult your physician in advance.

Name _____

Street Address _____

City, State, Zip _____

Phone: Home () _____ Work: () _____
Cell () _____

E-mail Address: _____

In case of emergency, please notify:

Name _____ Relationship _____

Telephone: () _____ or () _____

E-mail Address: _____

Do you have any physical condition which might lead to dizziness or fainting? Yes ___
No ___ If you checked Yes, please elaborate:

Do you have allergic reactions to insect stings or any other source? Yes ___ No ___
If yes, do you carry medication for this? Yes ___ No ___
If yes, where will it be located?

Are you currently under a physician's care? Yes ___ No ___
If yes, please elaborate:

Please discuss below any conditions that might affect your health or comfort while paddling, any significant dietary restrictions, or any special needs that you may have :

Insurance Information:

Company Name _____

Group / ID # _____

Insured Person's Name _____