



Kids Kayaking Camp

What to Bring:

- Bathing Suit/Nylon Shorts
- Towel, toiletries, Toothbrush
- Pants/T-Shirt/Underwear
- Sunglasses/Sunblock/Hat
- LUNCH for Tuesday
- Sleeping Bag/Pad
- Windbreaker/Fleece/Rain Jacket
- Water Shoes/Sandals/Socks
- Water Bottle, Eating Utensils
- Optional: Water Proof Camera
- Optional: Tent, Dry Bag
- Optional: Own Kayak/Lifejacket/Wetsuit

OVERNIGHT Kayaking Camp

Ages 10 through 17 (with prior experience)

Monday, July 12th through Thursday, July 15th

OVERNIGHT ON TUESDAY & WEDNESDAY ONLY

Monday, 9:00am – 4:00pm; Tuesday, 9:00am – Thursday 4:00pm

Fee: \$258 Brunswick Residents/\$343 Non Residents

Just what the kids wanted: One More Night! We will spend Monday refreshing paddling skills and preparing for the expedition at Seaspray Kayaking. On Tuesday morning, participants will load the kayaks and depart for three days and two nights of kayak camping adventure!

Seaspray Kayaking Instructors will concentrate on improving your paddling skills, reading charts, using a compass and having fun while Camping out under the stars on an uninhabited island! We may even go for a night paddle!! This week is designed for Kids 10 and older who have prior kayaking experience. Participants will plan out the menu on Monday, but should remember to bring lunch for Tuesday. All Kayakers will receive a kayaking T-Shirt! Kayakers should be prepared for a change in weather conditions.

**** If a change in the schedule is made, all participants will be notified by phone. There is a minimum of 8 participants to run the camp.****

For a copy of our refund policy please visit our office at 30 Federal Street or our website at www.brunswickme.org

The Parks and Recreation Department encourages individuals with disabilities to register for this program. Should you desire further information, contact the Recreation Department at 725-6656.

-----Return with fee to the Recreation Center, 30 Federal St., by **June 30**. Office hours Mon.-Fri., 8:00 a.m. to 4:30 p.m.-----

Brunswick Parks & Recreation Dept.

Kids Kayaking Camp, Summer 2010 Overnight Camp Fees: \$258 Brunswick Residents / \$343 Non Residents

Please Print

Name _____ Age _____ (As of July 12, 2010) Date of Birth _____

Street Address _____ Town _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Emergency Contact, other than parent: _____ Relationship _____

Day Phone _____ Cell/Pager _____

For Office Use

Date: _____

Amt\$ _____

Rec.# _____

Computer

Liability Form

125000-03

Swimming Ability (circle one): **Weak** **Good** **Excellent**
 Kayak Experience: **Somewhat Experienced** **Very Experienced**

Did you read and sign the Liability Form on the back of this sheet?

*ALLERGIES/PHYSICAL OR EMOTIONAL LIMITATIONS _____

*WOULD YOU LIKE TO BE CONTACTED BY OUR THERAPEUTIC RECREATION COORDINATOR REGARDING THE ABOVE? YES NO

I give permission for my, above named, child to participate in the Kids Overnight Kayaking Camp

Signature of Parent/Guardian _____ Date _____

Parent/Guardian Name(s) Please Print _____



Seaspray Kayaking

Waiver and Release of Liability

PLEASE READ CAREFULLY

DISCLAIMER: Seaspray Kayaking will not be responsible for any injury (or loss of property); including any negligence on the part of Seaspray Kayaking its agents, or employees. This Release of Liability does not include intentional harm and/or gross negligence.

I understand that my participation in outdoor adventure activities, such as kayaking and/or canoeing involves certain risks, including but not limited to capsizing, severe weather and/or water conditions, serious injury and/or death. **I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury, and/or death.**

I hereby release, discharge and covenant not-to-sue Seaspray Kayaking and/or, its officers, directors, employees, instructors, agents or assigns from any and all present and future claims for property damage, personal injury, and/or wrongful death. **I hereby voluntarily waive any and all claims present and future that may be made by me, my family, estate, heirs, or assigns.**

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Maine and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in the State of Maine.

I affirm that I am of **good health**, legal age and **am freely signing this agreement**. I have **read this form thoroughly and fully understand** that by signing this form, I am giving up legal rights and/or remedies which may be available to me, my family, heirs or estate.

In the event that an injury does occur, I give consent for first-aid to be administered.

(Signature of Participant(s)) Date

Please Print Name(s)

(Signature of Participant(s)) Date

Please Print Name(s) Here

Signature of Parent/Guardian (if Participant is Under 18) Date

Please Print Name Here