



For Internal Use

Assigned Number:

Assigned Start Time:

Estimated Elapsed Time:

Saturday, August 17, 2019 | 9 am – 1 pm

Ferry Beach, Charlevoix, MI 49720

(All Proceeds for the Event Benefit the Charlevoix Area Community Pool)

REGISTRATION FORM

- Note: In three years, all participants completed the 4-mile kayak and canoe course within 1-1/2 hours.
Children 6-14 years of age must be on watercraft accompanied by an adult. Sorry, children under 6 may not participate.
All participants must wear a Type III USCG Coast Guard Approved PFD (personal flotation device). SUPs must have a leash.
A whistle will be provided for each watercraft and must be secured to a PFD.
Please be ready to depart at your designated start time. The course must be completed by 1 pm to be a qualifying time.
Please, no time pieces allowed on board.

Course: [] 2-Mile [] 4-Mile

Paddlecraft: [] SUP [] 1-person Kayak [] 2-person Kayak [] 1-person Canoe [] 2-person Canoe

Entry Fee: [] \$25 by August 9th [] \$35 after August 9th

I/We also wish to donate the following additional amount to the Pool: _____

Participant 1 Information

Shirt Size: _____

First Name: _____ Last Name: _____

Gender: _____ Date of Birth: _____ Phone: _____

Email: _____ [] Yes, I wish to receive the Pool email newsletter.

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

Emergency Contact Name: _____ Emergency Contact Phone: _____

Participant 2 Information (if Two Person Paddle Craft)

Shirt Size: _____

First Name: _____ Last Name: _____

Gender: _____ Date of Birth: _____ Phone: _____

Email: _____ [] Yes, I wish to receive the Pool email newsletter.

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

Emergency Contact Name: _____ Emergency Contact Phone: _____

Participant / Parent Liability Waiver and Acknowledgement of Risk

Participation in this event, Paddle 4 The Pool, is at the sole discretion and judgment of the participant, and at his or her own risk. I, the signatory, for myself and my dependents, assume full responsibility for any injuries or damages which may occur to me or my dependents participating in this event, and do hereby fully and forever release and discharge the Charlevoix Area Community Pool, its agents, or employees, the Charlevoix Area Pool Board and the City of Charlevoix from any and all suits, claims, damages, costs and expenses of every kind, in conjunction with my participation in this event.

The signatories below, certify that the information given in the application to participate is complete and accurate.

The signatories below also give permission to the Charlevoix Area Community Pool to use without limitation or obligation, photographs, film footage, or recordings, which may include me or my children's image or voice for the purpose of promoting the Charlevoix Area Community Pool and its various programs.

Participant 1 Signature (parent if under 18): _____ Date: _____

Participant 2 Signature (parent if under 18): _____ Date: _____



Charlevoix Area Community POOL

11905 US 31 North
Charlevoix, MI 49720
231.547.0982
www.charlevoixpool.org

For Office Use Only: Total Amount \$ _____
Paid (Circle) Cash Credit Check # _____