



CONFIRMATION PACKAGE Youth Participant Information Sheet

Please fill in all of the information below and **return to the office 1 month prior to your trip departure.**

Name: _____

Trip Name: _____

Emergency Contact Information

In case of an emergency, people will be contacted according to their numerical rank below. Please notify us if any of your emergency contact information changes. (If they are away on vacation, at the cottage, or unreachable)

1	_____	Telephone 1	Telephone 2	Other Number
2	_____	Telephone 1	Telephone 2	Other Number
3	_____	Telephone 1	Telephone 2	Relationship

Dietary Needs

Do you have any Specific dietary needs or preferences? Are you vegetarian, vegan or a die hard carnivore? Please detail any and all foods that you can not eat.

Interests, Objectives, Superpowers

And now, please answer some questions so we can learn more about you before you arrive:

If you could go on a canoe trip with three people from any time in history, who would they be?

What are your hobbies sports, activities of choice?

If you could choose a super power for yourself, what would you choose?

Do you have any special hopes/objectives for your program?

Have you ever had to leave a PaddleFoot program early? Please explain.

Height, Weight, & Shirt Size (To fit you with your equipment)

Shirt Size: X- Small Small Medium Large X-Large XX-Large

Height: _____ **Weight:** _____

Swimming Ability

- I'm not a swimmer, more of a sinker.
- Weak Swimmer (swim up to 100 m with difficulty)
- Good Swimmer (swims up to 200 m without difficulty)
- Strong Swimmer (swims long distances, or whitewater)
- I might be a Fish (can swim kilometres in rough seas)

Canoeing Ability

- First Timer
- Middle person
- Bow-person
- Sterns-person
- Instructor level

Check or list 3 activities you would most enjoy doing or learning on an outdoor adventure:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Whitewater paddling <input type="checkbox"/> Making music <input type="checkbox"/> Survival Skills <input type="checkbox"/> Cooking over fire <input type="checkbox"/> Deep-woods Sauna <input type="checkbox"/> Night Sit (Meditation) | <ul style="list-style-type: none"> <input type="checkbox"/> Natural Crafts <input type="checkbox"/> Nature walks and Interpretation <input type="checkbox"/> Light a fire without matches Other: _____ Other: _____ Other: _____ |
|---|--|