



AIL OVERNIGHT KAYAK TRIP

MAY 21 - 22, 2022



REGISTRATION:

You must pre-register for this trip AND fill out/sign three forms:

#1 - Cortes Kayaks WAIVER form

#2 - CCHA Waiver form

#3 - Kayak Trip Registration Form (on back of this form)

Space is limited so please get your registration in ASAP.

**And all youth coming on the trip must attend Wednesday, May 18th "Introduction to Kayaking - AIL" at Mansons Lagoon. See May flyer for details - or check our website:

www.cortesfamily.ca

ESSENTIAL DETAILS:

Cortes Kayaks is taking AIL back to Marina Island!

Youth must bring their own camping gear (tent, sleeping bag/mat)

All Food/Snacks/Supervision will be provided. Please note any dietary restrictions on the registration form.

Kai and Tosh will be guiding the trip and Kim Lotnik will be the AIL facilitator!

Meet/Depart: Saturday, May 21st 10am - Mansons Lagoon

Pick up/Return: Sunday, May 22nd 4pm - Mansons Lagoon

This is an AWESOME opportunity and, like all CCHA Youth Programming, we're offering it for free to AIL participants. However, the costs are very high, and we are asking the Cortes Community for donations to help cover the cost of the trip. Please consider inviting your friends and family to make a tax-deductible donation to help us cover the costs. These donations go a long way to help us continue offering free programming to Cortes Island youth.

To donate:



To donate directly on our website, please go to:

www.cortesfamily.ca

And click the DONATE button at the top of the homepage. Please specify "Youth Programs Appeal" in the drop down menu.



To donate by mail, please make cheques payable to the **Cortes Community Health Association** with the memo "Family and Youth Programs" and mail to:

Cortes Community Health Association

PO Box 59

Mansons Landing, BC V0P1K0



To donate in person, drop off cash or cheque to the Cortes Community Health Centre.

Please write "Attention Jenny" on the envelope and leave it with the front desk staff. Include a note mentioning it's for the CCHA Youth Programs, or CCHA Kayaking Trips, and your contact info if you desire a tax receipt

AIL CAMPOUT MAY 2022 - REGISTRATION FORM

A program of the Cortes Community Health Association



Date: _____

Name of participant: _____

Age: _____ Date of birth: _____ BC health care number: _____

Medical conditions (previous concussions, medications, injuries?): _____

Allergies/Dietary Restrictions:

Swimming ability (circle one): Excellent Above Average Average Below average Cannot swim

Parent(s)/Guardian: _____

Phone: _____ Alternate phone: _____

Address: _____

Email: _____

Emergency contact person(s): _____

Emergency contact number: _____

Questions/Concerns? Email Youth Programs Manager Jodi Peters:

ccha.programs@gmail.com