

DATE: _____

July 28-29, 2012

**MIDDLE TENNESSEE COUNCIL, BSA
2012 Youth Whitewater Paddling School – REGISTRATION**

NAME: _____ GENDER: _____

DATE OF BIRTH: _____ TROOP/CREW #: _____

HEIGHT: _____ WEIGHT: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

I WANT TO LEARN TO PADDLE: (CHECK ONLY ONE) CANOE KAYAK

I HAVE MY OWN EQUIPMENT (BOAT – PFD – PADDLE – HELMET etc.)

I HAVE COMPLETED THE FOLLOWING: (completion not necessary for participation)

CANOEING MERIT BADGE Date _____

WHITEWATER MERIT BADGE Date _____

TSRA or BSA PADDLING CLINIC Date _____

I HAVE PASSED THE BSA SWIMMERS TEST WITHIN 12 MONTHS OF THIS SCHOOL.
(completion is necessary for participation)

_____ Date of Test _____

SIGNATURE OF APPLICANT

**I UNDERSTAND THAT MY CHILD IS REGISTERING TO PARTICIPATE IN A HIGH
ADVENTURE WHITEWATER CLINIC.**

Parents Signature: _____ Date: _____

PLEASE SEND THIS COMPLETED FORM AND SCHOOL FEE OF \$ 50.00 TO:

**Middle Tennessee Council, BSA
Attn: Camping Services
P.O. Box 150409
Nashville, TN 37215**

