



AWAKEN THE CANOES 2022 CANOE REGISTRATION FORM

Registration opens April 1, 2022. Participation is limited to 10 canoes. Once maximum capacity for the event has been reached, a waitlist will be opened. Only those canoes submitting completed Registration Form will be eligible to register.

By Email:
allnationspaddlesup@gmail.com

If you would like to register a canoe but are unable to complete the Registration Form, please contact Jodi at 1-604-374-5528 or via email.

To participate in this event, all members travelling with your canoe family over the age of 6 MUST be double vaccinated and be able to provide proof of vaccination upon request.

By ticking this box and signing this form, you are confirming you have checked the vaccine status of all members of your canoe family.

Tick

I _____, on behalf of _____ Canoe Family have checked to ensure all members of our group 6 years and older, are fully vaccinated and can provide proof of vaccination upon request.

allnationspaddlesup.com

SECTION ONE:

QUESTION 1

ABOUT YOU

Tribal Affiliation/Organization:	
Address:	
Contact Person:	
Email:	
Telephone:	Mobile:
TOTAL NUMBER OF CANOES TRAVELLING AS PART OF THIS CANOE FAMILY:	
TOTAL NUMBER OF PEOPLE TRAVELLING AS PART OF THIS CANOE FAMILY: <input type="checkbox"/> Youth (to 17): <input type="checkbox"/> Adults (18-64): <input type="checkbox"/> Elders (65+):	
TOTAL NUMBER OF PEOPLE:	
OFFICE USE:	
Date:	Total of #

QUESTION 2

CANOE 1

What is your canoe name:
Is your canoe: <input type="checkbox"/> carved dugout <input type="checkbox"/> fiberglass <input type="checkbox"/> strip <input type="checkbox"/> other
Length of canoe in feet:
Name of Skipper(s):
Total number pullers and spares for this canoe:
Is this canoe equipped with any of the following safety equipment: Life Jackets: <input type="checkbox"/> Yes <input type="checkbox"/> No # of life jackets for pullers: _____ GIS Tracking: <input type="checkbox"/> Yes <input type="checkbox"/> No VHF Radio: <input type="checkbox"/> Yes <input type="checkbox"/> No Satellite Phone: <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, phone number:

QUESTION 3

WHERE ARE YOU STARTING YOUR JOURNEY

In what location are you beginning your journey and on which day?

QUESTION 4

SUPPORT VEHICLE

Make and Model of Main Vehicle:
Length of Vehicle: Oversized: <input type="checkbox"/> Yes <input type="checkbox"/> No
License Plate Number:
Will this vehicle be towing a canoe trailer: <input type="checkbox"/> Yes <input type="checkbox"/> No Length of Canoe Trailer:
Driver's Name:
Driver's Mobile Number:
Total number of vehicles travelling with this canoe family:
OFFICE USE: Date: Total of # of Parking Placards Issued

QUESTION 5

SUPPORT and SAFETY VESSEL

Support Boat Name:
Type of Vessel: Length of Vessel in Feet:
Captain's Name:
Captain's Email:
Captain's Mobile:

Is there more than 1 support vessel travelling with this canoe family:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require moorage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, for how many boats	approx length

QUESTION 6

CAMPING

Help ensure we have adequate camping space for your canoe family, by completing the following:

Head of Ground Crew:	
Name:	Mobile #:
Will you be using a portable generator in your camp?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Estimated number of tents:	
Does anyone in your canoe family require access to handicapped washrooms?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does anyone in your canoe family require access to handicapped showers:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
As a No Host Event, you will be required to provide all food and supplies for your canoe family. Please indicate you are aware of this responsibility.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMERGENCY CONTACT FORM

Each member of your canoe family has an important role to play in ensuring the safety and success of the journey. Your travels will lead you through some of the most isolated and remote communities along the coastal corridor and it is important that we are equipped with the right information in the event of any emergency.

No matter how big or small your group, please take a moment and complete this Emergency Contact Form. This copy will be held with event organizers until August 5, 2022 at which time it will be shredded. Your information will not be kept.

In the event of an emergency, please contact:

Name – please print:
Canoe Family:
Tribal/Community Affiliation of the Canoe:
In case of emergency, contact:
Emergency Contact Telephone:
This emergency contact's relationship to our canoe family is: <input type="checkbox"/> Tribal Representative <input type="checkbox"/> Family Member <input type="checkbox"/> Other

WAIVER

“Our Canoe family and its members will adhere to the highest safety standards both on the water and land. I understand this is a NO HOST EVENT, and no individual or collective, will be responsible for water safety, theft, damage or financial hardship encountered by our Canoe family and its members travelling to or from the event and as a result of our participation. I confirm our Canoe family and its members are competent and capable and well versed in marine safety and that we are prepared to be self-sufficient. I warrant that I have full authority to sign this form and by my signature I acknowledge that I have read and understood my obligations in preparing for our travels and accept the role we play in preparing ourselves for any situation which maybe encountered along our journey.

I understand as a no host event, we are responsible for providing food and supplies for our Canoe Family, and will plan accordingly”.

Name of Authorized Representative – please print:
Signature of Authorized Representative:
Date: