

REGISTRATION FORM

NAME: _____ BIRTHDATE: _____

ADDRESS: _____ HEIGHT: _____ WEIGHT: _____

CITY: _____ STATE/PROVINCE: _____

ZIP CODE: _____ E-MAIL: _____

PHONE:(H) _____ (W) _____

Emergency Contact Information:

NAME: _____ PHONE:(H) _____ (W) _____

CITY: _____ RELATION: _____

Have you read and do you understand the essential eligibility criteria in the course description? **YES NO**

NOTE: If you have not received a course description or have questions regarding essential eligibility, please contact Sea Kayak Specialists.

Name of event registering for: _____

Event Date(s): _____

How did you hear about this program? _____

Can you swim? **YES NO**

If yes, please rate your swimming ability: Novice Intermediate Expert

Please describe your kayaking experience, if any: _____

Do you exercise regularly? **YES NO**

If yes, please describe: _____

Do we have your permission to use photos and/or videos of your participation in this class for teaching, marketing and other purposes? **YES NO** Initials _____

PLEASE FILL OUT OTHER SIDE

MEDICAL INFORMATION

Information on this form will be kept confidential

Current Doctor (if any):

NAME: _____

PHONE _____

History of heart problems? **YES NO**

Any impaired hearing? **YES NO**

Have high blood pressure? **YES NO**

Any impaired sensation? **YES NO**

Any history of hemophilia? **YES NO**

Any impaired balance? **YES NO**

Do you have diabetes? **YES NO**

Have you had a seizure? **YES NO**

Do you have osteoporosis? **YES NO**

Any insect or plant allergies? **YES NO**

Do you have arthritis? **YES NO**

Food or medicine allergies? **YES NO**

History of wrist problems? **YES NO**

Do you get hot easily? **YES NO**

Any shoulder dislocations? **YES NO**

Do you get cold easily? **YES NO**

Any back problems? **YES NO**

Are you currently pregnant? **YES NO**

Any impaired movement? **YES NO**

Currently seeing a Doctor? **YES NO**

Any impaired sight? **YES NO**

Please provide further information for any question(s) answered YES above: _____

Please list any medications currently taken and any side effects: _____

Please describe any recent injuries or surgeries: _____

List any medicine(s) brought along such as an inhaler, heart medicine, anaphylaxis shock kit, etc.: _____

Please describe any medical condition(s) not listed here that the instructor/guide should know about: _____

I attest that the above information is accurate and I meet all essential eligibility criteria. I agree to inform the staff of any changes before or during the class/trip.

SIGNATURE: _____ DATE: _____

If under 18 years old, parent or guardian signature: _____