



Medical Form

Date: _____

Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Level of Kayaking Skill: Which best describes you?

- A. I have never been kayaking
- B. I have kayaked once or twice
- C. I kayak often

Level of Swimming Skill: Which best describes you?

- A. I can't swim and am uncomfortable in water
- B. I have minimum swim skills but comfortable in water
- C. I have moderate swim skills
- D. I have advanced swim skills

We request the following information to allow us to have the appropriate size boat and gear available for you.

Age: _____ **Height:** _____ **Weight (lbs):** _____ **Gender: M / F**

List any medical condition that might affect your participation:

List any medications that you are taking that are important for us to know about:

If so, will you have them with you?

If you are taking any medications or are allergic to bites/stings, please inform your instructor/guide and insure all necessary medications that you might need are kept with you.(continue on back if needed)