

Maine Kayak - Participant Information Form

YOUR COURSE DATES: _____

I. Personal Information - This information is confidential. It will only be used in emergencies.

Name: _____ Age _____ Sex _____ HT _____ WT _____ Foot Size _____ Pant Size _____

Present Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone Number (H) _____ (W) _____ Email: _____

In case of emergency please contact:

I. Name: _____ Phone Number: _____ Relationship: _____

II. Name: _____ Phone Number: _____ Relationship: _____

Personal Physician:

Name: _____ Phone Number: _____

Medical History:

Do you have any allergies (e.g. insects, penicillin, aspirin, other medication, foods, etc.)?

YES NO If yes, please describe your allergic reactions(s) and how you treat it/them:

Do you have any sight or hearing problems? YES NO If yes, please describe: _____

Do you have a history of (have you had)?:

Raynaud's Syndrome _____ Asthma _____ Frostbite _____ Hypothermia _____ Poor circulation _____

Back/Joint problems _____ Use a corrective brace/device? _____ Currently on medication? _____

Explain any medical issues or physical conditions that may limit your ability to perform on-water rescues:

Is there anything else we should know about you? (phobias, sensitivities, etc.) ?

II. Personal Experience Information

What is your experience level in the following outdoor activities (please circle number)?

Activity:	Never	Seldom	Often	Experienced
Whitewater Rafting	1	2	3	4
Sea Kayaking	1	2	3	4
Whitewater Kayaking	1	2	3	4
Lake Kayaking	1	2	3	4
Canoeing (flat or whitewater)	1	2	3	4
Swimming	1	2	3	4
Camping	1	2	3	4
Group Leadership	1	2	3	4

Explain in detail any kayaking experience that you have:

Explain in detail any water activities you have participated in or any water certifications that you have:

Explain in detail any group activity that you would have been a leader:

(Please mail or fax this form back to our office ASAP!) Thank You!
Mail: P.O. Box 674 Unity, ME. 04988 Fax: 1-207-677-3454
If you have any questions please call our office toll free at 1-866-624-6352.

I have answered the above questions accurately and completely. I recognize that some outdoor recreation activities are very strenuous. I am in good physical condition and I can participate fully in course activities. I understand that Maine Kayak, Inc. nor any other agency or persons provide insurance for me in any activities. I understand I am responsible for all costs of injury and for any unforeseen costs of evacuations/transportation. The Staff of Maine Kayak, Inc. has permission to seek and/or administer emergency care for the participant in the event that the participant or guardian cannot respond at the time of emergency.

Signature of participant: _____ Date: _____