



This information is confidential and is for the sole use of the instructors and qualified medical personnel to react appropriately in an emergency. A Release of Claims and this Medical Disclosure Form must be completed and handed to the instructor and discussed as necessary before participating in the program.

Participant Name: _____

If participant is under 19 years old, parent or guardian name: _____

Parent's or guardian's contact phone number during the program: _____

Participant's Birthdate: (month) _____ (day) _____ (year) _____ Sex: (Female) ___ (Male) ___

In case of emergency contact – Name: _____

Day Phone: _____ **Eve Phone:** _____

Relationship to the participant: _____

Physician name: _____ Phone: _____

Carecard # (B.C. Residents only): _____

Physical Condition: Excellent ___ Good ___ Fair ___ Poor ___

Swimming Ability: Excellent ___ Good ___ Fair ___ Poor ___

Have you had a **tetanus inoculation** or booster within the last ten years? Yes ___ No ___

Are you on any medications (prescription or non-prescription)? Yes ___ No ___

If yes, please specify the medication and what it is for: _____

Do you have allergies? Please list: _____

If you have severe allergies that are treated with an Epi pen or equivalent, you must supply your own and inform the Instructor.

Chronic disability or illnesses (high blood pressure, heart condition, epilepsy, diabetes, asthma, or others) please list: _____

History of joint injury (tendonitis, bursitis, sprains, dislocations, or other) _____

Do you wear glasses? Yes ___ No ___ Do you wear contact lenses? Yes ___ No ___

(We recommend bringing a spare pair of glasses and retainers to the program)

Have you any physical or psychological limitations that would affect your participation in ocean kayaking? (fear of water, etc.) _____

If any of the above information changes prior to, or during the program, I will inform the instructor(s).

Participant's signature (parent / guardian) _____ Date: _____