Print Form

CONFIDENTIAL MEDICAL AND EMERGENCY INFORMATION

If unsure of your physical condition or health regarding paddle sports, please consult your physician in advance.

PLEASE PRINT

Name		
Street Address		
City	State	Zip
home phone	work phone	cell phone
e-mail		

In case of emergency, please notify:		
Name	Relationship	
home phone	cell phone	e-mail

Do you have any physical condition which might lead to dizziness or fainting?	yes ☐	no ☐
If you checked Yes, please elaborate. Use back of page if necessary.		

Do you have allergic reactions to insect stings or any other source?	yes ☐	no ☐
If yes, do you carry medication for this?	yes ☐	no ☐
If yes, where will it be located?		

Are you currently under a physician's care?	yes ☐	no ☐
If yes, please elaborate:		

Please discuss below any conditions that might affect your health or comfort while paddling, any significant dietary restrictions, <u>or any special needs</u> that you may have: Use back of page if necessary.

Insurance Information:

Company Name
Group / ID #
Insured Person's Name