

First Paddle Registration Form

Canoeing and Paddling are strenuous and wet activities. If you have any question regarding your health and participation please discuss it with your physician. We are asking the following questions to better assist the instructors in preparing for your introduction to kayaking and canoeing. The following information will only be used for instruction and enhancement of future events.

Participant Information: Name: \_\_\_\_\_ Phone \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: **F M** (Please circle)

Address: \_\_\_\_\_

City/ State/ Zip code \_\_\_\_\_ Email \_\_\_\_\_

Please approximate your swimming ability: (Please circle)

A rock-----|----- A fish

Are you familiar with a personal flotation device (PFD)/ Lifejacket?

Never heard of -----|-----wear everyday

How much experience do you have kayaking or canoeing?

Saw a picture once -----|-----paddle daily

Medical History & Information:

Do you have a mobility impairment? **Yes No** (Please circle)

If yes please describe \_\_\_\_\_

Do you use a mobility aid? **Yes No** (Please circle)

If yes please describe \_\_\_\_\_

Do you have a sensory impairment (sight, sound, sensation, etc)? **Yes No** (Please circle)

If yes please describe \_\_\_\_\_

Do you use a sensory aid? **Yes No** (Please circle)

If yes please describe \_\_\_\_\_

How long have you had the above impairment? Years \_\_\_\_\_ Months \_\_\_\_\_

Allergies & dietary restrictions; Please list: (Use back if more space is needed)

\_\_\_\_\_

Is there anything else you would like to share? (Use back if more space is needed)

