



WELCOME FORM

PARTICIPANT'S NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT / PHONE: _____ / _____

GENDER: Male / Female DATE OF BIRTH: ___ / ___ / _____

SAFETY INFO

Circle YES or NO

Are you able to swim? (Basic level/ Confident in water) YES / NO

Did you participate in any other water-sports previously? YES / NO

MEDICAL QUESTIONNAIRE

Do you have any current injuries or illnesses? YES / NO

(Give details) _____

Did you have any serious injuries or illnesses previously? YES / NO

(Give details) _____

Do you suffer from epilepsy/ diabetes? YES / NO

Do you have any heart conditions? YES / NO

Do you have any back conditions? YES / NO

Do you suffer from asthma? YES / NO

Are you currently taking any prescribed medications? YES / NO

Have you been advised to avoid any type of exercise at any time? YES / NO

Do you have any allergies? YES / NO

(Give details)

I hereby declare that I understand and will comply with the safety and emergency procedures in place and will not wilfully endanger my own or the safety of other through my actions (Please indicate) YES / NO

I hereby confirm that all information stated above is accurate to the best of my ability. I confirm that I have read and understood all information given on this form. I undertake to inform my instructor of any changes to the above information. I understand that taking part in this adventure activity comes with associated risks.

Signature of Guardian if U16: _____

Signature of Participant: _____ **Date:** ___ / ___ / _____