

# MEDICAL FORM & PERSONAL INFORMATION



Mail to: **Box 569, Heriot Bay, BC, V0P1H0, Canada**

E-mail to: **info@kayakingtours.com**

To assist our guides, and to ensure that you have a safe and enjoyable kayaking experience, please complete the following information. Please be honest with your medical concerns and level of experience, as guides will tailor kayaking and instruction to the level of the group. All disclosures made on this form and all information is completely confidential.

**Important: please return this form as soon as possible!**

TOUR NAME \_\_\_\_\_ TOUR DATE \_\_\_\_\_

## YOUR CONTACT INFORMATION

Name \_\_\_\_\_ Cell/Mobile Phone \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Email \_\_\_\_\_

Friends or family on the same tour & their relationship to you \_\_\_\_\_

## EMERGENCY CONTACTS

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Relationship to you \_\_\_\_\_

Doctors Name \_\_\_\_\_ Telephone \_\_\_\_\_

## TRAVEL / MEDICAL INSURANCE DETAILS

Insurance provider \_\_\_\_\_ Telephone \_\_\_\_\_

Name of plan \_\_\_\_\_ Policy number \_\_\_\_\_

## PERSONAL INFORMATION

Date of birth \_\_\_\_\_ (DD/MM/YY) Sex: Female  Male

Height \_\_\_\_\_ Weight \_\_\_\_\_

Your level of fitness: Not active  1  2  3  4  5  Olympic class

## OUTDOOR EXPERIENCE

Sea Kayaking: None  1-4 days  5-10 days  10+ days

Lake Kayaking: None  1-4 days  5-10 days  10+ days

River Kayaking: None  1-4 days  5-10 days  10+ days

Camping: None  1-4 days  5-10 days  10+ days

Your swimming ability: Can't swim  1  2  3  4  5

Other Water Activities: (e.g. diving, sailing) \_\_\_\_\_

Other Outdoor Activities (e.g. hiking) \_\_\_\_\_

Do you have a preference for single or double kayak? \_\_\_\_\_

We use a combination of doubles and singles for safety reasons and will often make the decisions as to which kayak best suits each person. We cannot always guarantee your request but we will try our best to accommodate you.

Please turn over

