

BREAKING WAVES ECO-ADVENTURES AND PADDLE SKILLS MEDICAL INFORMATION SHEET

Our activities can be strenuous and often offer exercises of a different nature than most participants are used to. We do not want you to engage in activities that would be detrimental to your health or which would be opposed by your doctor because of recent illness, injury, or surgery. If you have any questions regarding your participation in any activity with *Breaking Waves* please discuss it with your physician. We ask for the following information so we can be aware of potential problems and will be better able to help you to safely enjoy the activities here.

Name: _____

Mailing address: _____

Age: _____ Height: _____ Weight: _____ Sex: Male Female (circle one)

Occupation: _____

Please check the appropriate column.

Yes	No	Have you ever had:
_____	_____	Allergies
_____	_____	Diabetes
_____	_____	Heart disease
_____	_____	Epilepsy
_____	_____	Asthma
_____	_____	High blood pressure
_____	_____	Back problems
_____	_____	Dislocations
_____	_____	Do you get cold easily?
_____	_____	Do you smoke?
_____	_____	Are you pregnant?

_____ Are you currently under a doctor's care?

For what reason? _____

Yes No

____ ____ Are you taking medications?
If Yes what type, and for what? _____

____ ____ Are you allergic to insect bites and stings?
If so, do you carry medication? What type? _____

____ ____ Do you have any other conditions which might affect your health or
the well being of others?
What? _____

____ ____ Are there any limitations on your activities?
If yes, what are they? _____

Describe your swimming ability. _____

How would you describe your health? _____

Describe any special dietary requirements. _____

In case of emergency, please notify: _____

at these phone numbers: Home: _____ Work: _____
Cell: _____

I, the undersigned, assume full responsibility for my health being such that the activities will in no way aggravate any conditions present. If in doubt, I will seek and follow medical advice.

Signature: _____ Date: _____

Witness: _____ Date: _____