



Program Date: _____

Participant Information

Name of Participant _____

Current Age _____ Date of Birth (mm/dd/yyyy) _____ Height _____ Weight _____ M F

Address _____ City & State _____ Zip Code _____

Home Phone (_____) _____ E-Mail Address _____

Work Phone (_____) _____ Cell Phone (_____) _____

Group or Organization Name (if applicable) _____

Emergency Contact

Name _____

Relation _____ Contact Phone (_____) _____

Participation Requirements

1. Complete Program Registration.
2. Be physically able to complete the program you are signing up for.
3. If participating in a paddle program, have basic swimming skills and not be afraid of falling into the water.
4. Please arrive on time for your program. If the safety and orientation portions of the program are missed, the participant's reservation will be cancelled and no refund will be given.
5. Weight limit is 250 lbs. per person for canoeing programs.
6. Each child age 7 to 17 years must meet the above requirements, be accompanied by an adult, and able to paddle without assistance.
7. Life jackets must be worn properly and at all times while on the water.
8. Participants refusing to follow safety rules, exhibiting intoxicated and/or inappropriate behavior will be asked to leave with no refund given.
9. Sign and bring all required paperwork (Patient Information & Waiver of Liability and Release of Claims forms) on the day of your program.
10. Bring and wear the following on the day(s) of your program:
 - Appropriate clothing for the weather (layers and protective clothing such as windbreaker, hat, and sunglasses).
 - Wear clothing that can get wet. You may want to bring a change of clothes and a towel, just in case.
 - Footwear must be worn at all times (e.g. aquatic sandal/shoes or old athletic shoes for paddling programs). No flip-flops, open-back shoes (such as clogs or croc-type) or high heels permitted for any programs.
 - Water, snacks, sunscreen and insect repellent. NO alcoholic beverages or smoking of any kind permitted.
 - Protect any electronic equipment (camera, cell phone, car key fob, etc.) with a waterproof cover/bag.

Outdoor Experience

	None	Beginner	Intermediate	Advanced
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paddling (canoe or kayak)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Information

Canoeing can be a strenuous activity. If you have any questions regarding your health and participating in an outdoor activity, please discuss it with your physician. We ask for the following information to be aware of any potential problems in order to help you safely enjoy these activities, as well as to be able to provide appropriate medical information in the event of an emergency. Please use additional paper if necessary. All information will be kept in strictest confidence. Thank you.

Please check yes or no if any of these conditions apply to you.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes Do you take insulin? |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart Condition – please describe: |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma – If yes, do you carry an emergency inhaler? |
| <input type="checkbox"/> | <input type="checkbox"/> | Back or other skeletal or muscular problems: |
| <input type="checkbox"/> | <input type="checkbox"/> | Seizures or Convulsions If yes, what tends to trigger them?
When did you last have a seizure? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you allergic to any medications? If yes, what medications? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you allergic to any foods? If yes, what foods? |
| <input type="checkbox"/> | <input type="checkbox"/> | Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently taking any medications? If yes, what medications? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you allergic to insect bites or stings? If yes, what medication do you carry? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have mobility impairment? If yes, please describe. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a sensory impairment (sight, sounds or sensation)? If yes, please describe. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you tend to have muscle spasms or cramps? If yes, what tends to trigger them? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had surgery in the last 12 months? If yes, please describe. |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the participant had a recent accident, injury, infection or illness from which he/she is still recovering?
If yes, please describe. |
| | | Please list any other relevant illnesses or conditions: |

Health Insurance and Physician Information (in case of emergency)

Insurance Company _____ Group or ID Number _____

Primary Policy Holder _____ Contact Phone (____) _____

Physician's name & number _____

Release Statement This MEDICAL HISTORY IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. In the event of an emergency, I hereby give permission to a physician to hospitalize, secure proper anesthesia, order injections or surgery, or other medical procedures required in an emergency situation. If I or my child(ren) is injured or suffer any illness or disease while participating in Heard Natural Science Museum EcoAdventures Outdoor Programs, I agree to hold the Heard Natural Science Museum and Wildlife Sanctuary, Board members, leaders, employees or volunteers harmless of any said illness, injury, or disease. I further understand and agree that I and my child(ren) will abide by the general rules of conduct and that violations may result in denial of privileges, a forfeiture of fees and immediate removal from program activities.

I also give permission for myself and or my child to be photographed by the Heard Natural Science Museum staff or media to be used for promotional purposes in newsletters, brochures, newspapers, or any other written media of the Heard Natural Science Museum.

Participant Signature _____ Date _____

If under 18, Parent/Guardian Signature _____ Date _____