



## GREEN COAST KAYAKING LTD. TRIP REGISTRATION FORM

- Choose your trip:
- Whale and Bird Migration: Tanu to Burnaby Island, April 26- May 4, 2011
  - New Route: Moresby Camp to Tanu, July 7-14, 2011
  - North Route: Tanu to Burnaby Island, July 14-21, 2011
  - South Route: Burnaby Island to Rose Harbour, July 21-28, 2011
  - Geological Exploration Trip, July 28 - August 4, 2011
  - South Route: Burnaby Island to Rose Harbour, August 4-11, 2011
  - South Route: Rose Harbour to Burnaby Island, August 11-18, 2011
  - North Route: Burnaby Island to Tanu, August 18-25, 2011

### APPLICANT DETAILS:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_

Province / State: \_\_\_\_\_

Postal Code / Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone (Daytime): \_\_\_\_\_

Phone (Evening): \_\_\_\_\_

Applicant's Age: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**IF APPLICANT IS UNDER 19:**

Parent's Name: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

**Note: Parents should sign the medical and waiver form. Registration should be accompanied by a letter of endorsement from parents.**



## GREEN COAST KAYAKING LTD. MEDICAL FORM

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Medical insurance plan (identify, i.e. blue cross etc.):

\_\_\_\_\_

Physical condition: \_\_\_\_\_

Allergies life threatening (none or?):

\_\_\_\_\_

Allergies non life threatening (none or?):

\_\_\_\_\_

\* Date of last Tetanus inoculation or booster:

\_\_\_\_\_ (within last 10 years recommended)

Are you on any medications (prescription or non-prescription):

\_\_\_\_\_

Reason for medications:

\_\_\_\_\_

Have you been under a doctor's care in the past 12 months?

If yes, please specify:

\_\_\_\_\_

\_\_\_\_\_

\* If you have **NOT** had a tetanus shot in the past ten years, even a small cut could force your evacuation.  
**You are responsible for evacuation costs.**

<u>Chronic disability or illness?</u>	None?	<input type="checkbox"/>	High blood pressure?	<input type="checkbox"/>
	High blood pressure?	<input type="checkbox"/>	Heart condition?	<input type="checkbox"/>
	Epilepsy?	<input type="checkbox"/>	Diabetes?	<input type="checkbox"/>
	Susceptibility to colds?	<input type="checkbox"/>	Headaches?	<input type="checkbox"/>
	Nosebleeds?	<input type="checkbox"/>	Fainting?	<input type="checkbox"/>
	Asthma?	<input type="checkbox"/>	Hay Fever?	<input type="checkbox"/>
	Emphysema?	<input type="checkbox"/>		

<u>History of Joint Injury?</u>	None?	<input type="checkbox"/>	Tendonitis?	<input type="checkbox"/>
	Bursitis?	<input type="checkbox"/>	Sprain?	<input type="checkbox"/>
	Dislocation?	<input type="checkbox"/>		
	Other? - Please Explain	_____		

<u>* Eyesight?</u>	Excellent	<input type="checkbox"/>	Good?	<input type="checkbox"/>
	Fair?	<input type="checkbox"/>	Poor?	<input type="checkbox"/>
	Glasses:	<input type="checkbox"/>	Contacts?	<input type="checkbox"/>

\* If you are dependent upon glasses for adequate vision, a spare set should be brought with you.

Do you have any physical limitations?      Yes?       No?

If yes, please explain:

\_\_\_\_\_

Do you have any psychlogical limitations?      Yes?       No?

If yes, please explain:

\_\_\_\_\_

Do you have dietary restrictions?      Yes?       No?

If yes, please explain:

\_\_\_\_\_

The above medical information is complete and accurate. If any of the information changes, I will inform the instructors so that the changes can be recorded. I have read the trip outline and physical requirements. I am in good physical condition to participate. I have read the disclosure information and understand the possible hazards that may be encountered on the trip. I agree to adhere to the rules and regulations set up by the leaders of the trip to minimize risk and ensure safety. I have read the Disclaimer of Liability of Green Coast Kayaking. Ltd. and agree to be bound by its terms and conditions.

Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

(\* fill in full name if the applicant is under 19)

Please email your completed application to: [paddle@gckayaking.com](mailto:paddle@gckayaking.com)

Or mail to: Green Coast Kayaking Ltd.  
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V0T 1S0  
Canada