



MEDICAL and GENERAL INFORMATION FORM

Please email back to oliver@abknocguiding.com

Name: _____ Age _____

Phone _____ Email _____

Where are you from (in general)? City, State _____

Emergency Contact name _____

Phone _____ Relationship _____

For sizing boats, paddles, life jackets, and other equipment I need to know your:

Height: ____ ft ____ in Weight: _____ lbs Shoe size _____ Shirt size: S M L XL

MEDICAL INFORMATION: Please list any important conditions like allergies (especially foods), asthma, diabetes, heart conditions, joint replacements, pregnancy, etc:

MEDICATIONS you take that I should know about (continue on back if needed):

Do you have MEDICAL INSURANCE? YES or NO (Medical expenses are your responsibility)

Medical Insurance Company _____

GENERAL INFORMATION

YOUR EXPERIENCE

Tell me a bit about your outdoors experiences, capabilities and comfort levels with swimming , kayaking, hiking, camping etc:

What most interests you for this outdoor learning adventure? Circle some favorites like:

relaxation challenges learning about nature getting outdoor experience biology art
history catching fish photography or describe your interests in your own words:

