

Rocky Point Kayak
2715 Esplanade Ave
Port Moody BC
V3H 3P4
604 619 2837



Medical Disclosure Form

This information is confidential and is for the sole use of the first aid certified instructors to react appropriately in an emergency. A Release of Claims and this Medical Disclosure Form must be completed and handed to the instructor before participating in the program.

Participant Name: _____

Participant's Birthdate (MM/DD/YYYY): _____

Sex (M/F): _____

Parent/Guardian's Name (if under 19): _____

Contact Information during Program:

Email: _____

Home Number: _____

Cell Number: _____

Work Number: _____

Emergency Contact (during the program):

Relationship to Participant: _____

Contact Information during Program:

Email: _____

Home Number: _____

Cell Number: _____

Work Number: _____

CareCard Number (BC residents): _____

Physical Condition

Excellent ___ Good ___ Fair ___ Poor ___

Swimming Ability

Excellent ___ Good ___ Fair ___ Poor ___

Date of Last Tetanus Inoculation or Booster (MM/YYYY): _____

Are you on any medications (prescription or non-prescription): Yes ___ No ___

If yes, please specify:

Do you have any allergies? Please list.

If you are highly allergic to insect bites, you must supply your own Anakit or Epi-pen.

Please list any chronic disability or illness (high blood pressure, heart condition, epilepsy, diabetes, asthma, or other):

Please list any history of joint injury (tendonitis, bursitis, sprains, dislocations, or other):

Do you wear glasses? Yes ___ No ___
Do you wear contact lenses? Yes ___ No ___

We recommend bringing a spare pair of glasses and retainers to the program.

Do you have any physical limitations that would affect your participation in ocean kayaking (i.e. fear of water)?

I agree that if any of the above information changes prior to or during the program, I will inform the instructor.

Participant's Signature (or Parent/Guardian): _____

Date: _____