



# ECO Adventures

## Paddle Program Registration and Medical Form

Please fill out one form per person

### Please Print

Name of Participant \_\_\_\_\_ Gender  M  F

Current Age \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ If under 18 years old, please give:

Name of Parent(s)/Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

School Name (if attending) \_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_

Relation \_\_\_\_\_ Contact Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_

Relation \_\_\_\_\_ Contact Phone (\_\_\_\_\_) \_\_\_\_\_

### Health insurance and Physician information

Insurance Company \_\_\_\_\_ Group or ID Number \_\_\_\_\_

Primary Policy Holder \_\_\_\_\_ Contact Phone (\_\_\_\_\_) \_\_\_\_\_

Physician's name & number \_\_\_\_\_

### Swimming and Paddling Experience

Swim Level  Non-swimmer  Weak  Average  Strong

Paddling experience

No Experience (1<sup>st</sup> time)

Beginner, paddled a few times

Intermediate

Advanced

Expert

How did you hear about the Eco Adventures paddle program? \_\_\_\_\_

## Medical Information

Canoeing and Kayaking can be a strenuous activity. If you have any questions regarding your health and participating in a paddle activity, please discuss it with your physician. We ask for the following information to be aware of any potential problems and to help you safely enjoy this activity. Please use additional paper if necessary. All information will be kept in strictest confidence. Thank you.

Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Last Medical Check up \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Yes No**

- Diabetes
- Heart Disease
- Asthma
- High Blood Pressure
- Back Problems
- Dislocations If yes, what joints? \_\_\_\_\_
- Seizures or Convulsions If yes, what tends to trigger them? \_\_\_\_\_  
\_\_\_\_\_
- When did you last have a seizure? \_\_\_\_\_
- Do you get cold easily?
- Are you greatly affected by the heat?
- Are you pregnant?
- Are you allergic to any medications? If yes, what medications? \_\_\_\_\_  
\_\_\_\_\_
- Are you allergic to any foods? If yes, what foods? \_\_\_\_\_  
\_\_\_\_\_
- Fainting Spells
- Migraine Headaches
- Digestion/Bowel Issues. If yes, please explain. \_\_\_\_\_
- Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder
- Are you currently taking any medications? If yes, what medications? \_\_\_\_\_  
\_\_\_\_\_
- Are there any side affects of any medication you take, such as fatigue or sensitivity to the sun?  
If yes, please describe. \_\_\_\_\_

**Yes**   **No**

- Are you allergic to insect bites or stings? If yes, what medication do you carry? \_\_\_\_\_  
\_\_\_\_\_
- Do you have mobility impairment? If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_
- Do you have a sensory impairment (sight, sounds or sensation)? If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_
- Do you tend to have muscle spasms or cramps? If yes, what tends to trigger them? \_\_\_\_\_  
\_\_\_\_\_
- Have you had surgery in the past two years? If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_
- Do you anticipate that any medication will be needed during the paddle program?  
If yes, what medication? \_\_\_\_\_
- Has the participant had a recent accident, injury, infection or illness from which he/she is still  
recovering? If yes, please describe. \_\_\_\_\_

Please note: In the event of emergency, participants will be taken to or transported to the nearest medical facility (ex. Medical Center of McKinney) unless otherwise specified.

### **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 Paddle 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 the 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 or Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_