



Program Date _____

Participant Information

Fill out one form per participant & 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 (_____) _____

Group or Organization Name (if applicable) _____

Emergency Contacts

Name _____

Relation _____ Contact Phone (_____) _____

Name _____

Relation _____ Contact Phone (_____) _____

Payment Information

- Payment is for this participant only.
- Payment is being made by another party. Name of payee (individual or group): _____
- Payment is for more than one participant. Please list names of participants or organization included in payment:

Payment type cash check # _____ Visa Mastercard American Express

Credit card number _____ Exp ____ / ____

Name on card _____

Billing address (if different from above) _____

City _____ ST _____ Zip _____ Contact phone (_____) _____

Cancellation & Refund Policy

1. For all programs, payment in full is due at the time of registration.
2. We reserve the right to cancel programs due to weather, water conditions or insufficient registration. In these cases, an alternative outdoor program date or a full refund will be issued.
3. In the case of inclement weather, please do not assume your activity is canceled. We will contact you! Refunds will not be issued to no-shows.
4. Refunds will not be given due to illness, but may be applied to a future program.
5. Refunds will not be given for no-shows or for having fewer participants than registered.
6. A fee of \$30.00 will be charged on all checks returned for insufficient funds.

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 and kayaking programs.
6. Each child age 7 to 17 years must meet the above requirements, be accompanied by an adult, and able to paddle and hike without assistance.
7. Life jackets must be worn properly and at all times while on the water.
8. Participants 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. Layer and protective clothing such as windbreaker, hat, and sunglasses.
 - Water, snacks, sunscreen and insect repellent.
 - Footwear must be worn at all times (e.g. aquatic sandal/shoes or old athletic shoes for paddling programs). No flip-flops, croc-type shoes or high heels permitted for any programs.
 - For paddle programs wear clothing that can get wet and bring a change of clothes and a towel.

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"/>
Cabin/RV Camping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tent/Car Camping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backpacking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camp Stove Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camp Fire Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dutch Oven Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foil Pack Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did you hear about the Eco Adventures outdoor program? _____

Medical Information

Camping, canoeing, kayaking and outdoor cooking can be strenuous activities. 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 and to help you safely enjoy these activities. 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 | |
|--------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart Disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma |
| <input type="checkbox"/> | <input type="checkbox"/> | High Blood Pressure |
| <input type="checkbox"/> | <input type="checkbox"/> | Back Problems |

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Dislocations If yes, what joints?
<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"/>	Do you get cold easily?
<input type="checkbox"/>	<input type="checkbox"/>	Are you greatly affected by the heat?
<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?
<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"/>	Fainting Spells
<input type="checkbox"/>	<input type="checkbox"/>	Migraine Headaches
<input type="checkbox"/>	<input type="checkbox"/>	Digestion/Bowel Issues. If yes, please explain.
<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 there any side affects of any medication you take, such as fatigue or sensitivity to the sun? If yes, please describe.
<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 past two years? If yes, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate that any medication will be needed during the outdoor program? If yes, what medication?
<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 note: In the event of emergency, participants will be taken to or transported to the nearest medical facility unless otherwise specified.

Health Insurance and Physician Information

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. *My signature also affirms that I understand the requirements, cancelation and refund policies of the Heard EcoAdventure Paddle Program.*

Participant Signature _____ **Date** _____

If under 18, Parent/Guardian Signature _____ **Date** _____