

**ALLE – KISKI - CONNIE SOJOURN 2018**

**CONFIDENTIAL MEDICAL AND EMERGENCY INFORMATION**

If unsure of your physical condition or health regarding paddlesports, please consult your physician in advance.

Name \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip  
\_\_\_\_\_

Phone: Home (    ) \_\_\_\_\_ Work: (    ) \_\_\_\_\_

Cell (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

In case of emergency, please notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ or (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you have any physical condition which might lead to dizziness or fainting? Yes \_\_\_ No \_\_\_ If yes, please elaborate:

Do you have allergic reactions to insect stings or any other source? Yes \_\_\_ No \_\_\_ If yes, do you carry medication for this? Yes \_\_\_ No \_\_\_ If yes, where will it be located?

Are you currently under a physician's care, and / or have had a recent illness? Yes \_\_\_ No \_\_\_ If yes, please elaborate:

Please discuss below any conditions that might affect your health or comfort while paddling, or any special needs that you may have :

Insurance Information: Company Name \_\_\_\_\_

Group / ID # \_\_\_\_\_

Insured Person's Name \_\_\_\_\_