

SEVEN RIVERS PADDLING



Phone Number: 603-969-5120
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REGISTRATION FORM One form per person

Participants Name _____ Sex: _____ Date: _____
First Last
Participants age: _____ Date of birth: _____ Participant is (circle one) New or Returning
Participants height _____ Participants weight _____ How did you hear about us? _____
Parent/Guardian: _____
First Last
Street address: _____ City _____ State _____ Zip _____
Phone: _____ Email address: _____

Emergency Contact

Name _____
Phone _____ Relationship _____
Health Insurance Provider _____
Policy/ID number _____ Primary physician name _____
Phone _____

General Questions

My/the participants general physical condition is – 1 2 3 4 5 (1 = poor physical condition, 5 = excellent physical condition)
Are you/the participant nervous in the outdoors? Yes No
Can you/the participant make your needs known during a program? Yes No
Can you/the participant follow multi-step instructions? Yes No
Are you/the participant nervous in or around water? Yes No Can you swim? Yes No
Will you/the participant be able to refrain from behaviors that pose a risk to yourself and/or others? Yes No
If no, please explain _____

Medications

Are you/the participant using any medications (prescription or non-prescription)? Yes No
If yes, list each medication, the related condition, and dosage/frequency

Are you/the participant able to take these medications independently? Yes No

Allergies

Do you/the participant have any allergies? Yes No
If Yes, what are you/the participant allergic to? _____

What typically takes place when you/the participant has a reaction? _____

What specific medications do you/the participant take for your/his or her allergies? _____

Please describe your experience level:

Date: _____

Cancellation Policy: Cancellations made prior to two weeks before the tour begins will receive a 50% refund. No refund will be given if a cancellations is made less then two weeks prior to the tour.

Total Cost: _____ Payment Method: Check Visa Master Card Discover

Cardholders Name: _____ Card Number: _____

CVV Code: _____ Exp. Date: _____ Signature: _____

Please send registration form with payment to: Seven Rivers Paddling 4 ham Street Newmarket NH, 03857