

Registration and Information Form

Full Moon on the River Program: _____ Starting date: _____

Name: (Print) _____

Age: _____

Address: _____

City: _____ Province/State: _____

Postal Code/Zip: _____ Phone: (h) _____ (w) _____

E-mail: _____

In case of emergency, call: _____ Phone: _____

Address: _____

Canadians, please give Health Card Number (optional): _____

Non-Canadians, please complete the following:

Name of Insurance Company: _____

Policy #: _____ Group #: _____ Agreement #: _____

Address of Insurance Company: _____

If Group Insurance, give the name of the policy holder (employer, union or association), through which the participant is insured: _____

If you do not already belong to a regular health program, we suggest a short term trip policy from Blue Cross or check with your insurance agent for equivalent coverage.

Medical conditions or dietary restrictions that we should know for your safety and the group's best interest:

Please complete:

Allergies ___ Diabetes ___ Heart Disease ___ Ear Infections ___ Bee Sting Allergies ___ If so, do you carry medication? List: _____

Back Problems ___ Dislocations ___ Do you get cold easily? ___ Do you have allergies to bug bites? ___

Do you smoke? ___ Are you pregnant? ___ Are you taking medications? ___ What for?: _____

Epilepsy ___ Asthma ___ High Blood Pressure ___ Lactose intolerance? ___ Are you currently under a doctor's care? ___ For what reason? _____

Do you suffer from any heart related illnesses or conditions? ___ Explain: _____

Is there any reason you feel you should limit your physical activity during this program?

In the past month, have you experienced any chest pains while resting or during physical activity? _____

Currently, do you take any medications? Please list any you will be bringing with you:

Do you have a history of mental illness? Have you consulted with a psychiatrist, or therapist within the last 12 months?

Do you suffer from any bone, joint or muscular conditions aggravated by physical activity? _____

Do you suffer from any acute conditions: Diabetes, Epilepsy, Cardiac/Resp. Disorders etc?

Do you get cold easily? _____ Do you overheat easily? _____

Is there any other health related information Full Moon On The River should know about?

Other Information:

Please list similar experiences that you have had, if any. Include prerequisite requirements.

Programs can be enriched by the special interests of the participants. We would appreciate it if you would indicate yours (e.g. story telling, photography, birding, chess)

How can we make this a positive experience for you?

Do you permit Full Moon On The River to use photos from your course (that may contain pictures of you) on the website or for other promotional material? _____

I have read and will sign the Statement of Risks, Assumption of Risks and Release of Claims included in this registration package.

Signature: _____ Date: _____

Payment Amount Enclosed: _____ Payment Method: _____