



## Full Moon On The River Canoe Tripping and Environmental Learning

<b>Course/Trip Information</b>	<b>Prerequisites:</b> <ol style="list-style-type: none"><li>1. Submitted Medical Form (before the course/event/trip)</li><li>2. Submitted Waiver (before the event/trip)</li></ol>
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<b>Applicant Information:</b>		
Name:	Cell:	Email:
Address:		
Age:	Gender:	
Phone Number:	Email:	
Emergency Contact:	Phone:	
Address:		

<b>Medical Information:</b> Please answer <u>each question</u> - <b>even with an N/A if it does not apply.</b> Your information will be kept in the utmost confidentiality. Knowing this information, helps us help you in the event of an accident/incident. Thank you.
<ol style="list-style-type: none"><li>1. Please list any medical conditions (physical or mental health) that we should be aware of and/or may affect your participation including any recent injuries and/or major illness.</li><li>2. Please list any medications you are taking and for what conditions.</li><li>3. Please list any food, drug or environmental allergies you may have including symptoms and treatment.</li><li>4. Do you have any dietary restrictions or preferences? Please list/describe:</li></ol>

5. Do you suffer from any bone, joint or muscular conditions aggravated by physical activity? Please describe:

6. Do you get cold easily?

<b>Self Assessment:</b>	Excellent	Very Good	Good	Fair	Little to No	<b>Comments</b>
General Health						
Level of Fitness						
Paddling Skills / Experience						
Swimming Ability						
Hiking Ability/Experience						
Wilderness Camping						

What do you hope to achieve through this course/trip?

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Is there anything else you would like us to be aware of? Questions?

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Please list any certifications you have below:

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Thank you for choosing Full Moon on the River programs!