

**True North Trip Registration Form**

Trip Location \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Medical Information**

Male/ Female \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

In case of emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

**List any major injuries you have had in the last five years**

\_\_\_\_\_

\_\_\_\_\_

**Are you allergic to bee stings?** Y\_\_\_ N\_\_\_

**Are you currently taking any medication?** Y\_\_\_ N\_\_\_

If yes, please list \_\_\_\_\_

Do you have any other conditions that you think may affect you while engaged in strenuous activity of this nature-kayak paddling? (i.e., diabetes, heart condition, epilepsy, important dietary restrictions etc.)

Y\_\_\_ N\_\_\_  
If yes, please list \_\_\_\_\_

**How did you hear about True North Kayak Tours?**

\_\_\_\_\_

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Emergency contact person \_\_\_\_\_ Phone # \_\_\_\_\_