

Registration & Emergency Info

Please indicate the course you are registering for:

- | | |
|--|--|
| <input type="checkbox"/> ORCA Flatwater level | <input type="checkbox"/> Red Cross Babysitting Course |
| <input type="checkbox"/> ORCA Canoe Tripping 1 / 2 | <input type="checkbox"/> Red Cross Emergency First-Aid |
| <input type="checkbox"/> ORCA Moving Water 1 | <input type="checkbox"/> Red Cross Standard First-Aid |
| <input type="checkbox"/> ORCA River Rescue | <input type="checkbox"/> Red Cross Wilderness & Remote First Aid |
| <input type="checkbox"/> ORCA Flatwater Instructor | |

In your registration package you should have a:

- Registration & Emergency Information Form
- Assumption of Risk and Responsibility Form (*Liability*)
- Other relevant documents to the course

PERSONAL INFORMATION

Name:.....

Street:

City: Province: Postal Code:

Phone number: ():-.....

e-mail address:

Birthdate: day: month: year: Sex: Male/Female

WAIVER

You can download the waiver or you will be asked to sign a waiver on site.

IN CASE OF EMERGENCY

Health Card Number: _____ - _____ - _____ Province: _____

Name of emergency contact person: _____
phone number: (home):()-____-____ (work):()-____-_____

Name of doctor: _____ phone number: () _____ - _____

MEDICAL HISTORY

1. Date of last Tetanus Shot:

2. Have you ever suffered from Asthma:
(If yes please specify, drug and dosage)
.....
(If you have active asthma be sure to bring your usual treatment with you.)

3. Have you ever suffered anaphylactic shock- (difficulty breathing due to allergic reaction to allergic reaction to drugs, food, or insect bites)? Yes/No

If yes please specify reaction: _____
cause of reaction _____
treatment for reaction _____
(*IF you have your own anakit or epipen bring it)

4. Other allergies (food, drug, anything???):

5. How do you normally treat this allergy?

6. Dietary restrictions:

7. Are you prone to fainting?

8. Past major injuries and what was done for treatment (be specific, include dates)

9. Do you wear a Medic Alert bracelet?
Why?

10. What medications are you currently taking?
Why?

ANYTHING else we should know?

QUESTIONNAIRE

How did you hear about the program?

Three things that I am looking for, or want to get out of this course:

- 1.
- 2.
- 3.