

# STUDENT HEALTH INFORMATION



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## In case of an emergency, please notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## ESSENTIAL ELIGIBILITY CRITERIA

Rutabaga's courses are open to all individuals who acknowledge the ability to perform the following:

- Maintain a safe body position while attempting skills and activities appropriate to the course.
- Hold breath while under water and, while in the water wearing a properly fitted PFD (lifejacket), be able to independently turn from a face down to a face up position keeping head above water.
- Effectively communicate with the instructor and other course participants.
- Manage all mobility and personal care independently or with the assistance of a companion.

## HEALTH INFORMATION

Paddling is an activity that requires a certain level of physical exertion that participants may not be used to such as bending, lifting, squatting, rotating, reaching, balancing, etc. We ask for the following information so we can provide an experience that is as safe and enjoyable as possible. This information is confidential. If you have any concerns about your participation due to a recent illness, injury or surgery, please discuss it with your physician.

### Do you have any of the following medical conditions?

Asthma	yes	no
History of anaphalaxis (life threatening reaction to food, stings, bites, etc)	yes	no
Diabetes	yes	no
History of heart disease, heart problems, high blood pressure	yes	no
Any type of seizure disorder	yes	no
Learning disabilities	yes	no
Other health concerns	yes	no

Please provide additional information for any "yes" noted above (use back side if needed).

Discuss with your instructor any health issue that may affect your ability to participate fully in the class.

## PADDLING HISTORY

What is your previous paddling experience? \_\_\_\_\_

What is your swimming ability? \_\_\_\_\_

## PHOTO & MEDIA RELEASE

I grant Rutabaga Outdoor Programs the right to use, reproduce, assign and/or distribute photographs and videotapes of me in materials they, or their agents, create without payment or other compensation.

Participant Signature or Guardian if under 18: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_