

**Carolina Canoe Club 2010 Registration Form**  
**ACA Swiftwater Rescue / Essentials of River Safety & Rescue Clinics**

Course: ACA SWR\_\_\_\_ Essentials of River Safety & Rescue\_\_\_\_ Course date(s):\_\_\_\_\_

Course cost: \_\_\_\_\_ (ACA SWR: \$75, Essentials of River Safety & Rescue: \$50)

Name: \_\_\_\_\_ age: \_\_\_\_\_

Birth date: \_\_\_\_\_ height: \_\_\_\_\_ weight: \_\_\_\_\_

Home address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ work: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency contact (please give name, phone #, address and relationship)

\_\_\_\_\_

\_\_\_\_\_

**Paddling Experience and Health Information (health information is confidential and will be released to other instructors and health care providers only if needed for your care).**

How long have you paddled whitewater? \_\_\_\_\_ How many river trips in your life? \_\_\_\_\_ Last 6 months? \_\_\_\_\_

What is the hardest river you have fun on (please give level)?

Describe your exercise regimen.

Describe your swimming ability (poor, fair, good, competitive (500 yds < 8 min)).

What type of boat do you paddle?

Describe any previous rescue training or experience.

Do you see a health care provider for any reason now? (please describe)

Do you take any medications on a regular basis (including prescription drugs, nonprescription drugs, and supplements)? Please list them.

List any allergies that you have.

Have you ever had, or do you have, a problem with any of the following?

Asthma                                      Heart disease                                      High Blood Pressure      Epilepsy

Diabetes                                      Back pain                                      Joint problems                                      Shoulder dislocation

Seizure disorder                                      Eyes                                      Ears                                      Frequent headaches

Respiratory system      Immune system                                      Nervous system                                      Stomach and digestive system

Do you get cold easily?

Do you have any medical condition not listed above that could, in any way, interfere with your ability to participate in a physically demanding class? (please describe)

Please give your health insurance provider and policy number.

Send completed application form & check (payable to Carolina Canoe Club) to: **Bobby Simpson 3416 Doyle Road Rd Raleigh, NC 27607**

If you are not already a CCC member, include a membership application

([www.carolinacanoecub.org/memberform\\_mail.html](http://www.carolinacanoecub.org/memberform_mail.html)) and a **separate** check for your club dues.