

Biddeford Recreation Department
P.O. Box 586
Biddeford, Maine 04005
Tele: (207) 283-0841 ext 4210 Fax: (207) 286-3331
Email: bdunphe@biddefordmaine.org
www.BiddefordRec.com

Participant Information and Medical History Form
Your Trip/ Tour /Clinic Date: _____

I) **Personal and Medical Information** – (This information is confidential and will only be used incase of an emergency.)

Name: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number (H): _____ (W): _____ (Cell): _____
Email: _____ Boot Size: _____

In case of Emergency please contact:

1) Name: _____ Phone Number: _____ Relationship: _____
2) Name: _____ Phone Number: _____ Relationship: _____

Personal Physician:

Name: _____ Phone Number: _____

Health Insurance Information:

Company Name: _____ Policy #: _____

Medical History:

Do you have any allergies (e.g. insects, penicillin, food, aspirin, medications, etc.)? YES NO If yes, please describe your allergic reaction(s) and how you treat it/them:

Do you require a special diet? YES NO If yes, please explain:

Do you have any mental or physical disabilities that our instructor should be aware of? YES NO If yes, please explain:

Do you have a history of (have you had)?

Asthma: _____ Frostbite: _____ Hypothermia: _____ Diabetes: _____
Poor Circulation: _____ Back Problems: _____ Seizures: _____
Eating Disorders: _____ Dizziness: _____ Migraines: _____
Arthritis: _____ Sunstroke: _____ High/Low Blood Pressure: _____

Have you been hospitalized in the last five years? YES NO If yes, please explain: _____

Are you currently on ANY medication? YES NO If yes, please explain: _____

Do you use a corrective brace/device? YES NO If yes, please explain: _____

Have you had heart attack or stroke? YES NO If yes, please explain: _____

Is there anything else we should know about you? (phobias, sensitivities, etc.)? _____

II) Personal Experience Information

What is your experience level in the following outdoor activities?

Activity:	Never	Seldom	Often	Experienced
Whitewater Kayaking	1	2	3	4
Sea Kayaking	1	2	3	4
Lake Kayaking	1	2	3	4
Canoeing	1	2	3	4
Snowshoeing	1	2	3	4
Cross Country Skiing	1	2	3	4
Surfing	1	2	3	4
Swimming	1	2	3	4

Explain in detail any prior experience or certifications that are related to Outdoor Recreational Activities:

(Please mail, fax or bring this form to the Biddeford Recreation Department, Thank You!!)

If you have any questions please feel free to contact us at (207) 283-0841

I have answered the above questions accurately and completely. I recognize that some outdoor recreation activities are very strenuous. I am in good physical condition and I can participate fully in trip activities. I understand that I am responsible for all costs of injury associated with any unforeseen costs of evacuations/transportation. The Staff of Biddeford Recreation has permission to seek and/or administer emergency care for the participant in the event that the participant or guardian cannot respond at the time of emergency.

Signature of Participant: _____ **Date:** _____