



Participant Profile

Name: _____ Age: _____

Emergency Contact #1:

Name: _____

Phone Numbers: Home: _____

Work: _____

Emergency Contact #2:

Name: _____

Phone Numbers: Home: _____

Work: _____

Paddlers Address:

Medical Information	Description of Condition	Procedures in case of Emergency
Allergies		
Illnesses		
Disabilities		
Injuries/ Other		