

Kayak Waveology – AUTUMN GALES 2019

(Please fill out all pages completely. One form per person. Please print clearly.)

Registration Information

PERSONAL INFORMATION

Date: _____

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Other Phone: _____

Email: _____

Best way to be contacted: ___cell phone ___other phone ___email

AUTUMN GALES - CLASS PREFERENCES. Nov 1st – Nov 3rd.

___ One day of classes (\$170); ___ Two days of classes (\$340) ; ___ Three days of classes (\$475)

DAY(S) ATTENDING

___ Friday ___ Saturday ___ Sunday

BRITISH CANOEING COURSES – Check which apply

- Foundation Safety & Rescue (Oct 28) \$165 ___
- Sea Kayak Award, 3 * Skills (Oct 28) \$165___
- Coastal Sea Kayak Award 4* Skills (Oct 28) \$165 _____
- Coastal Navigation (Oct 29) \$165 ___
- Open Water Navigation (Oct 29) \$165___
- Sea Kayak Leader Training (Oct 30 -31) \$315___
- Sea Kayak Leader Assessment (Oct 30 -31) \$315 _____
- Advanced Sea Kayak Leader Training (Oct 30 -31) \$315___

CANCELLATION POLICY & REGISTRATION DETAILS

Full payment is needed to hold your spot. Due to the nature of the event, no refunds will be given after October 14, 2019. Until October 14, 2019, cancellations will be given a 50% refund. The event will run regardless of weather conditions unless it becomes dangerous to continue. If we cancel a day due to unsafe conditions, we will replace with a reasonable alternative. Participants must be over 18 years of age.

PAYMENT OPTIONS

Checks: Please make checks payable to: Kayak Waveology, LLC.

PayPal: If you've paid via PayPal on the Autumn Gales website, just make a checkmark here_____

Mail registration form, health questionnaire, waiver form and payment (if paying by check) to:

Greg Paquin
Kayak Waveology, LLC
53 Emanuel Church Rd
Killingworth CT 06419

Signature_____ Date_____

An email confirmation indicating you have been signed up for the event will be sent.

Kayak Waveology – AUTUMN GALES

Health Questionnaire

Sea Kayaking is a strenuous activity. If you have any questions regarding your health and participation in kayaking, please discuss it with your physician. We ask you for the following information to be aware of any potential problems and to provide better first aid or emergency care should it become necessary. All information will be kept confidential until then.

Name: _____
Height: _____ Weight: _____ Age: _____

Section 1: General Questions

- 1). Describe your swimming ability:

- 2). Describe your canoeing / kayaking experience:
 - a). Please list any current certifications:

- 3). How would you describe your general health:

Section 2: Medical Information & History

Have you ever had? (please check the Yes or No column)

Condition	Yes	No	Condition	Yes	No
Allergies			Diabetes		
Heart Disease			Asthma		
High Blood Pressure			Back Problems		
Dislocations			Do you have muscle spasms If Yes...what triggers them?		
Do you get cold easily			Are you greatly affected by heat		

Are you pregnant			Are you taking medication		
Are you allergic to any medication			Any side effects of medication such as sun sensitivity, fatigue etc		
Are you allergic to insect bites or bee stings If Yes...do you carry medication?			Seizures If Yes...what triggers them? If Yes...date of last seizure?		

If you answered Yes to any of the above items, please explain below:

Condition

Symptom

_____	_____
_____	_____
_____	_____
_____	_____

Do you have a disability? If yes, please describe:

How long have you had the disability? _____

Do you have a mobility impairment? If yes, please describe:

Do you have a sensory impairment? (sight, sounds or sensation)? If yes, please describe:

So that we can better understand your needs, please list any medical, physical, psychological or emotional issues not mentioned above:

Section 3: In Case of Emergency - Please contact:

Name: _____ Name: _____

Phone (day): _____ Phone (day): _____

Phone (eve): _____ Phone (eve): _____

Relation: _____ Relation: _____

Reminder of Things to Bring

- Typical padding kit for a rough water environment – including hypo, med and repair kits
- Your boat and paddling gear suitable for weather conditions. A dry suit may be needed.
- Helmet and tow lines are a must
- Chart of the area and compass (bring hand held even if you have boat mounted)
- VHF is highly recommended as are flares
- Lunch / water / warm tea

Any questions on what to bring or wear, please contact Greg at coach@kayakwaveology.com



ACKNOWLEDGEMENT OF RISKS AND RESPONSIBILITY
RELEASE OF LIABILITY

The undersigned represents that he/she is in good physical condition and fully fit and competent to actively participate in the sport of sea and white water kayaking both in the inland and near coastal waters of the Atlantic Ocean and its Sounds, Bays, coastal estuaries and tributary waters. The undersigned further represents that he/she is a competent swimmer and has all the necessary personal equipment and clothing to sustain oneself in the colder waters of such regions under all circumstances, both foreseen and unforeseen. The undersigned further acknowledges that he/she is fully aware of all risks, inherent and otherwise, of both fresh and saltwater water sports including kayaking and that he/she represents that he/she is competent or has basic knowledge of boat handling, boating safety, boat navigation and Rules of the Road necessary to safely operate, steer and navigate a kayak in the areas of intended use. The undersigned recognizes and acknowledges the likelihood of unanticipated, changing sea and weather conditions and fully assumes the increased risks inherent in rapidly developing adverse sea, wind and water conditions.

Notwithstanding the forgoing, the undersigned, in consideration of the opportunity and privilege to rent or otherwise use a sea kayak and participate in the kayaking activities provided, sponsored ,conducted and/or operated by Kayak Waveology, LLC, does hereby irrevocably, fully release Kayak Waveology, LLC and its agents, members, servants and employees from any and all claims, charges, demands and/or damages of any nature or kind whatsoever, brought by me, my heirs, executors, administrators and/or assigns with respect to any injuries sustained by me in connection with the kayak activities provided, sponsored, conducted and/or operated by Kayak Waveology, LLC and I further agree to fully indemnify and hold harmless Kayak Waveology, LLC and its agents, members, servants and employees with respect to any such claims or demands, etc., made by me or on my behalf and/or by any third parties.

Print Name: _____ Date: _____

Signature: _____

Address: _____

Email & Phone Number: _____