

**KAYAKER FORM****PERSONAL DETAILS**

First Name

Last Name

Date of Birth

Staff/Student #

Phone

Email

EMERGENCY CONTACT

Full Name

Relationship

Phone

Email

Is this person your
legal next-of-kin?If not, print name
of who is**MEDICAL AND ABILITY ASSESSMENT**

Do you have a medical condition that can be made worse by physical exertion (e.g. heart disease, asthma, some lung complaints) or brought on by cold water or salt water mist (e.g. asthma).

If YES or MAYBE, note condition:

Do you have a medical condition that can result in loss of consciousness (e.g. some forms of epilepsy, some diabetic conditions)?

If YES or MAYBE, note condition:

Can you swim 100 metres in a pool?

Can you swim 100 metres in choppy seawater?

What is your level of kayaking experience?

How often have you kayaked in choppy, windy seas?

RISK ASSESSMENT

Please tick the following:

I have been inducted on the safe use and procedures associated with using the kayaks and I have read the Kayak Safety Guidelines

Please tick one of the following:

I am a **CONFIDENT SWIMMER** and I accept responsibility for my own safety while undertaking these activities. I also accept responsibility for the safety of any children who are also listed on this form.

I am **NOT CONFIDENT** to swim alone but I am confident to undertake these activities when accompanied by the person indicated below and I accept responsibility for my own safety while kayaking or swimming.

If **NOT** a confident swimmer:

Name of accompanying person

Signature of accompanying person

Kayaker Signature

Date

Boating officer Signature

Date