

OUTDOORS ORIENTED

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Booking Data

Activity: _____ Course Date(s): _____
Name: _____
Address: _____ City: _____
Province: _____ Postal Code: _____
Phone #, Home: _____ Work: _____ Fax: _____
E-mail: _____

We ask that you fill out the following to ensure that we have properly sized equipment and boats for the course.

Sex: Male Female Height: _____ Weight: _____ Shoe Size: _____

How did you hear about this course?

Newsletter/Flyer Radio Magazine Website Friend/Family Member

In the Store Other: _____

I give permission to Outdoors Oriented to use any pictures or video taken of me during this course in promotional materials. Yes No

Payment Breakdown (Office Use)

Cost: _____ + Taxes: _____ = Total: _____

Deposit Amount: _____ Balance: _____

Paid In Full: Date: _____

Method of Payment: Visa M/C Debit Cash

Medical Questionnaire

Do you suffer from or have you suffered?

	Yes	No		Yes	No
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>			
Serious Allergies	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, to what?	_____	

Do you suffer from or have you suffered from any other medical problems? Yes No

If yes, please explain which: _____

Are you presently taking medication which could alter your physical or mental capabilities?

Yes No If Yes, what medication and side affects? _____

If you answered yes to any of the above, you are obliged to advise the instructor before participating in the activity.

PLEASE RETURN COMPLETED FORMS TO OUTDOORS ORIENTED PRIOR TO COURSE.

If you're faxing these forms in, please bring originals with you to the course.