



Kitty Hawk Kayaks: Kayak and Surf School
6150 North Croatan Highway
Kitty Hawk, NC 27949
Phone: (252) 261- 0145 or 1 (866) 702-5061
Internet: www.khkss.com Email: info@khkss.com
Kayak Tours-Surf Lessons-Overnight Trips- Used Gear-Surf Camps-
School Groups-Kayak Rentals-Coastal Explorer Camps

Participant Information

RETURN

NAME: _____
FIRST/MIDDLE/LAST

DATE OF BIRTH: _____ AGE: _____ MARITAL STATUS: _____

SCHOOL, FIRM, OR
EMPLOYER: _____

EXPEDITION/COURSE FOR WHICH YOU ARE
APPLYING: _____

HAVE YOU EVER ATTENDED AN OUTWARD BOUND OR OTHER TYPE OF OUTDOOR
ADVENTURE COURSE? YES/NO IF YES, WHAT COURSE AND WHEN:

WHY DO YOU WANT TO DO A KITTY HAWK KAYAKS: KAYAK AND SURF SCHOOL
COASTAL EXPLORERS CAMP?

WHAT DO YOU WANT TO ACCOMPLISH/EXPERIENCE DURING THE CAMP?

DESCRIBE YOUR ATHLETIC OR OUTDOOR EXPERIENCE:

LIST YOUR INTERESTS AND SKILLS:

HOW DID YOU HEAR ABOUT KITTY HAWK KAYAKS: KAYAK AND SURF SCHOOL
COASTAL EXPLOPLORER CAMP?



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Student Record and Insurance Form

RETURN

NAME: _____

HEIGHT: _____ WEIGHT: _____ AGE: _____

MARRIED: _____ CHILDREN: _____

HOME ADDRESS: _____

HOME PHONE: _____ FAX CONTACT #: _____

WHAT HEALTH/ACCIDENT INSURANCE DO YOU CARRY?

NAME AND ADDRESS OF AGENCY: _____

POLICY NUMBER: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY:

ADDRESS: _____

PHONE (DAY): _____ (NIGHT): _____

SECOND PERSON TO NOTIFY IN CASE OF EMERGENCY: _____

ADDRESS: _____

PHONE (DAY): _____ (NIGHT): _____

THIRD PERSON TO NOTIFY IN CASE OF EMERGENCY:

ADDRESS: _____

PHONE (DAY): _____ (NIGHT): _____



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Photo / Video / Written Statement Release

RETURN

I, _____ (print name), hereby authorize and give full consent to the Kitty Hawk Kayaks: Kayak and Surf School to copyright or use all photographs, videotapes and films in which I appear or any written statements that I make while enrolled as a student in any and all of their programs and courses. I further agree that Kitty Hawk Kayaks: Kayak and Surf School may transfer, use, or cause to be used these photographs, videotapes, films and statements for any and all exhibitions, public displays, publications, commercials, art and advertising purposes without limitation or reservation.

(Signature of student) _____ (Date)

(Under 21, Signature of Parent) _____ (Date)

We wish to recognize as much as possible students who complete a Kitty Hawk Kayaks: Kayak and Surf School Coastal Explorer Camp. Please indicate names and addresses of local papers to whom we might send a press release upon course completion.

Local Papers:

1. Name: _____
Address: _____
Phone: _____ Fax: _____
2. Name: _____
Address: _____
Phone: _____ Fax: _____
3. Name: _____
Address: _____
Phone: _____ Fax: _____

School Newspaper:

Name: _____
Address: _____
Phone: _____ Fax: _____

Parent's Company Newsletter:

Name: _____
Address: _____
Phone: _____ Fax: _____



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Medical Form (6 pages total)

RETURN

Directions: Part I, II and III are to be completed and signed by the applicant.

Part I: General Information (to be completed by applicant)

Name _____ Course Name and Date _____
Name of school or group traveling with: (if applicable): _____
Male _____ Female _____ Birth Date ____/____/____
Age at time of Course _____ Height mts / feet (specify) _____
Social Security Number ____ - ____ - ____ Weight kgs/ lbs (specify) _____
Occupation _____
Address _____ City/State/Zip _____
Home phone (____) _____ Business phone (____) _____
E-mail address: _____ Fax: (____) _____

Family Physician _____ Phone (____) _____
Address _____ City/State/Zip _____

In case of emergency contact _____
Relationship _____ Address _____
Home phone (____) _____ Business phone (____) _____

Please Note: Each participant is responsible for any medical expenses and should be covered by his/her own health care and accident insurance. The following questions must be answered for our records:

Is applicant covered by a hospitalization/medical care policy? Yes ____ No ____
Insurance company name _____ Policy # _____
Address _____
Does Insurance company require pre-authorization? Yes ____ No ____
If yes, phone (____) _____

Signature Required Below: *Section 1:* I hereby give consent to attend a Coastal Explorers Camp with Kitty Hawk Kayaks: Kayak and Surf School, and I hereby grant permission for any emergency anesthesia, operation, hospitalization or other treatment which might become necessary. *Section 2:* I understand that the program is physically and mentally challenging. I understand all medical information will remain confidential. *Section 3:* I understand that many students with a variety of medical/psychological difficulties have successfully completed the courses, but that Kitty Hawk Kayaks: Kayak and Surf School must be aware of these conditions for my benefit, in advance. Failure to disclose such information could result in serious harm to me and/or my fellow students. *Section 4:* If I arrive at the course with a pre-existing condition or injury which is not indicated on my medical form, and I am subsequently forced to leave the course because of that condition and will not receive any refund of tuition.

Parent/Guardian (If applicant is under legal age) Date

Applicant's Signature Date



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PART II: Student History, Past and Present Medical Problems (to be completed by applicant)

Directions: Fill in *every* blank. Use additional pages for explanations as necessary.

Conditions and Symptoms: Do you have now, or have had in the past, any of the following symptoms?

	Y	N		Y	N		Y	N
1. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	23. Circulation problems	<input type="checkbox"/>	<input type="checkbox"/>	48. Foot Problem	<input type="checkbox"/>	<input type="checkbox"/>
2. Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	24. Active bedwetting	<input type="checkbox"/>	<input type="checkbox"/>	49. Currently Pregnant	<input type="checkbox"/>	<input type="checkbox"/>
3. Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>	25. Headaches	<input type="checkbox"/>	<input type="checkbox"/>	50. Special Diet	<input type="checkbox"/>	<input type="checkbox"/>
4. Irregular heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	26. Head injury	<input type="checkbox"/>	<input type="checkbox"/>			
5. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	27. Stomach ulcers	<input type="checkbox"/>	<input type="checkbox"/>	51. Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>
6. Recent exposure to active TB	<input type="checkbox"/>	<input type="checkbox"/>	28. Intestinal problems	<input type="checkbox"/>	<input type="checkbox"/>	52. Medical Equipment Devices	<input type="checkbox"/>	<input type="checkbox"/>
7. History of TB	<input type="checkbox"/>	<input type="checkbox"/>	29. Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	53. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Positive TB test	<input type="checkbox"/>	<input type="checkbox"/>	30. Heatstroke	<input type="checkbox"/>	<input type="checkbox"/>	54. Chest Pain / Pressure at rest	<input type="checkbox"/>	<input type="checkbox"/>
9. Active hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	31. Bladder infection	<input type="checkbox"/>	<input type="checkbox"/>	55. Heart Palpitations	<input type="checkbox"/>	<input type="checkbox"/>
10. History of hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	32. Difficulty urinating	<input type="checkbox"/>	<input type="checkbox"/>			
11. Seizure disorder	<input type="checkbox"/>	<input type="checkbox"/>	33. Kidney problems	<input type="checkbox"/>	<input type="checkbox"/>	56. Unexplained Sweating	<input type="checkbox"/>	<input type="checkbox"/>
12. Seizure w/in the past year	<input type="checkbox"/>	<input type="checkbox"/>	34. Thyroid problems	<input type="checkbox"/>	<input type="checkbox"/>	57. Frequent Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>
13. Bleeding disorder/anemia	<input type="checkbox"/>	<input type="checkbox"/>	35. Endocrine problems	<input type="checkbox"/>	<input type="checkbox"/>	58. Frequent Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
14. Blood disorder/anemia	<input type="checkbox"/>	<input type="checkbox"/>	36. Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	59. Frequent Fainting	<input type="checkbox"/>	<input type="checkbox"/>
15. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	37. Vision impairment	<input type="checkbox"/>	<input type="checkbox"/>	60. Heartburn	<input type="checkbox"/>	<input type="checkbox"/>
16. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	38. Motion sickness	<input type="checkbox"/>	<input type="checkbox"/>	61. Muscle Cramps	<input type="checkbox"/>	<input type="checkbox"/>
17. Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	39. Sleep walking	<input type="checkbox"/>	<input type="checkbox"/>	62. Intolerance to warm temperatures	<input type="checkbox"/>	<input type="checkbox"/>
18. Anorexia nervosa	<input type="checkbox"/>	<input type="checkbox"/>	40. Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	63. Intolerance to cold temperatures	<input type="checkbox"/>	<input type="checkbox"/>
19. Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	41. Neck problems	<input type="checkbox"/>	<input type="checkbox"/>	64. PMS or menstrual Problems	<input type="checkbox"/>	<input type="checkbox"/>
20. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	42. Back problems	<input type="checkbox"/>	<input type="checkbox"/>			
21. Skin Problem	<input type="checkbox"/>	<input type="checkbox"/>	43. Arm problem	<input type="checkbox"/>	<input type="checkbox"/>			
22. Frostbite	<input type="checkbox"/>	<input type="checkbox"/>	44. Shoulder problem	<input type="checkbox"/>	<input type="checkbox"/>			
			45. Knee Problem	<input type="checkbox"/>	<input type="checkbox"/>			
			46. Ankle Problem	<input type="checkbox"/>	<input type="checkbox"/>			
			47. Leg Problem	<input type="checkbox"/>	<input type="checkbox"/>			

If you marked YES for any of the conditions please provide details and date of the condition:

Current Medication: List all medication currently being taken. Please bring two extra doses of each.

1. _____
2. _____
3. _____
4. _____



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Allergies: List all allergies below. All allergy medication is required on course.

1. _____
2. _____
3. _____
4. _____

Personal History:

Have you been in counseling with a psychiatrist, psychologist, or other counselor within the past two years? Yes ___ No ___

Are you currently in counseling/treatment? Yes ___ No ___

Reason for counseling: Academic ___ Family issues ___ Depression ___
 Substance Abuse ___ Career ___ Divorce ___
 Suicide ___ Other _____

Please arrange for a release of information with your counselor so that we may contact him/her. Have you done so? Yes ___ No ___

Name of recent counselor: _____
 Address: _____
 City/State/Zip: _____
 Phone: () _____ E-mail: _____

Lifestyle:

Do you use alcohol? Yes ___ No ___ If yes, how much/how often? _____

Do you use tobacco? Yes ___ No ___ If yes, how much/how often? _____

Do you currently have a substance abuse or chemical dependency problem (drugs, alcohol, etc)?
 Yes ___ No ___ If yes, please describe: _____

Do you have a history of chemical dependency? Yes ___ No ___

Last substance/chemical used: _____

Exercise Activity: Please list current exercise activities. (Please note that you do not have to be an athlete to attend Outward Bound. Our students come from various levels of physical fitness conditioning.)

Activity	Frequency	Distance	Effort Level (moderate, intense, etc)

Swimming Ability:

Non-swimmer ___ Can not swim more than 100 yards (4 pool lengths) ___

Strong Swimmer ___ Current lifesaving certificate ___

Signature Required Below: The information provided above is a complete and accurate statement of the physical and psychological factors which may affect my participation in a Kitty Hawk Kayaks: Kayak and Surf School Coastal Explorer Camp. I realize that the failure to disclose such information could result in serious harm to myself and fellow students, and agree to indemnify and hold Kitty Hawk Kayaks: Kayak and Surf School harmless if all relevant information is not disclosed. I also agree to notify Kitty Hawk Kayaks: Kayak and Surf School should there be any change in my health status prior to beginning my camp.

I understand that during my participation in a Kitty Hawk Kayaks: Kayak and Surf School Coastal Explorer Camp, I will be exposed to above normal risks and that although Kitty Hawk Kayaks: Kayak and Surf School has taken precautions to provide equipment and qualified instructors for each course, it is impossible for the school to guarantee absolute safety. I assume responsibility for my safety on the course



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and I agree to comply with the instructions and directions of Kitty Hawk Kayaks: Kayak and Surf School staff members during the course.

 Parent/Guardian (If applicant is under legal age) Date

 Applicant's Signature Date

Additional Student Comments:

Directions: To be completed and signed by the legal parent or guardian. This form **MUST** be used. Alternate forms will not be accepted.

Physical Exam: The Physical exam must take place within one year of course start date.

Patient's Name _____
 Height _____ft/mts. _____in/cm.
 Weight _____lb/kg. If over-weight, by: _____ lbs/kgs. If under-weight, by: _____ lbs/kgs.
 Blood Pressure _____/
 If BP is over 150/90, please repeat: Second Reading _____/
 Pulse rate _____
 Pulse irregularities: Yes_____ No_____

Exam:

	Check if normal	Describe ONLY if abnormal
Eyes		
Nose		
Throat & Mouth		
Heart		
Heart murmur (if present)		Functional
Peripheral Vessels		
Abdomen		
Hernia		
Genitals		
Back		
CNS		
Lymph Nodes		
Skin		
Scars		
Extremities		
Shoulder		
Feet		
Ankles		
Knees		



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Other		
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Summary of Active Medical Problems and Restrictions and Current Medications (Use additional pages if needed) NONE ____ or list below:
