

Name:

Email address:

Address:

City

State:

Zip Code:

Home Phone:

Work Phone:

Would you like your name, address, telephone and email included on a participants list to be handed out to all campers at the end of the week?

Yes

No

1. Contact in case of emergency

Relationship

Home Phone:

Work Phone:

Address:

2. Do you have any special dietary needs?

vegan
vegetarian (with dairy)
seafood
poultry
red meat

Describe:

3. Do you have any allergies?

Yes

No

(please list)

Are you allergic to bee stings?

Yes

No

Nature of reaction

If yes, do you carry medicine?

Yes

No

Name of medicine

4. Do you have any medical conditions?

Yes No

If yes describe:

List any medications that you are taking:

Do any of the following conditions apply:

Yes	No	Dizziness, Loss of consciousness, or Recurrent Headaches	Date of occurrence:
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Yes	No	Chest pain, Shortness of breath, Heart disease, High/low pressure	Date of occurrence:
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Yes	No	Currently pregnant	Date of occurrence:
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Yes	No	History of diabetes, Hypoglycemia	Date of occurrence:
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Yes	No	Depression, Anxiety, Hysteria, Nervousness	Date of occurrence:
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Yes	No	Hernia, Fracture, Dislocation, Sprain/Strain, Back injury, Knee injury
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If yes to any of these, list body part, and date of injury.

Yes	No	Surgeries (please list)
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5. Description of my swimming abilities:

rock
doggie paddler
cautious, but comfortable
olympic hopeful

Describe:

6. My familiarity with use of mask, fins, and snorkel:

novice
rusty
comfortable
expert

Describe:

7. Rising / Bedtime

early person
late person

8. Birth date:

9. Books I have read about dolphins:

10. Why am I choosing to attend Dolphin Camp:

11. What I am most looking forward to at Dolphin Camp:

Additional Comments: