

Spirit Bear Adventures Ltd.

REGISTRATION / MEDICAL FORM

Tour Name: _____ Tour Date: _____

Travel Agent or Group Coordinator:

Name: _____ Date of Birth: _____

Address: _____ City: _____

Country: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Fax: _____ E-mail: _____

Sex: M / F Height: _____ Weight: _____

Emergency Contact: _____ Relationship: _____

Address: _____ City: _____

Country: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Doctor: _____ Phone: _____

Medical Insurance Plan: _____ Personal Health #: _____

Known Allergies (anaphylactic to bee, wasp, nuts, shellfish, etc.):

Do you carry an Ana-kit?: _____ Medical Alert: _____

List any other medical conditions (i.e. medications, prescriptions, chronic illness, joint injury etc.):

List any special dietary requirements (i.e. vegetarian, allergies, etc.): _____

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Please list any previous ecotourism experience (i.e. camping, kayaking, hiking, boating, tours etc.)_____

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I certify that all information on this form is true and correct.

Signature: _____ **Date:** _____