



# Kayak Carolina, Inc.

d/b/a Carolina Coastal Adventures  
The Island Trader, Capt. John's Fishing Charters  
POB 407 Carolina Beach, NC 28428  
Phone: 910-458-9111 Fax: 888-667-5442



[www.kayakcarolina.com](http://www.kayakcarolina.com) [www.carolinacoastaladventures.com](http://www.carolinacoastaladventures.com) [www.fishingcarolinabeach.com](http://www.fishingcarolinabeach.com)

## REGISTRATION INFORMATION: One per family/group/person.

Your Tour/Rental is (Day & Date)	From _____am/pm	To _____ am/pm
Your guide/instructor is	Location	Weather/Tide

1. First Name	Last Name	Age
2. First Name	Last Name	Age
3. First Name	Last Name	Age
4. First Name	Last Name	Age
5. First Name	Last Name	Age
6. First Name	Last Name	Age
Permanent Address	City, State	Zip
Local or Mobile Phone (where we can reach you)	Local Address	E-mail

How did you hear about us?	<input type="checkbox"/> Visitor's Guide <input type="checkbox"/> Brochure Rack <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Vacation Coupons Book <input type="checkbox"/> Other _____
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Are you allergic to bees, ants, or stings? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list allergies: (use back if necessary)	If yes, what medications/procedures do you follow to treat your allergic reaction? (Use back if necessary)
Are you diabetic or have any other condition that requires immediate medication or treatment if it occurs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list conditions:
Have you had any recent injuries that would limit your activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list injuries:
If yes to any of the above, do you have your proper medication(s)/treatments with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list:

### Emergency Information Please provide us with a contact person in the event of an emergency.

<b>Name:</b>		<b>Day Phone:</b>	
<b>Relationship:</b>		<b>Eve. Phone:</b>	

These safety rules apply when attending and participating in Kayak Carolina, Inc.'s activities, please initial next to each line:

- \_\_\_\_\_ Shoes must be worn at all times **NO FLIP-FLOPS.**
- \_\_\_\_\_ Kayak Carolina's PFD's (personal flotation devices) are to be worn and zipped at all times for any kayaking activities. We supply the pfd's at the time of the program.
- \_\_\_\_\_ It is highly recommended that each participant bring bottles of water and sunscreen to have on hand while participating in activities.

