

All-Outdoors Whitewater Rafting

Professional Whitewater Guide School Enrollment Questionnaire

Name: _____

Address: _____ Sex: M / F

_____ Height: _____ ' _____ "

Phone #: [work] _____ [home] _____ Weight: _____ lbs.

Cell #: _____ Birthdate: _____

E-Mail: _____ Occupation: _____

Emergency Contacts:

Name: _____ Relationship: _____

Phone: [work] _____ [home/cell] _____

General Information:

CPR Certification: _____ Y / N Type: Basic / Community / Rescuer Expires: _____

First Aid Certification: _____ Y / N Type: Basic / First Responder / EMT Expires: _____

Other Certifications: _____

How did you find out about our guide school: web site

friend(who) _____ previous AO guest other: _____

Education History:

	College:	College:
Name: _____	_____	_____
City / State: _____	_____	_____
Major: _____	_____	_____
Year Graduated: _____	_____	_____

Employment History:

(start with present or most recent job)

Employer: 1 _____	Employer: 2 _____
Address: _____	Address: _____
City / State: _____	City / State: _____
Position: _____	Position: _____
Responsibilities: _____	Responsibilities: _____
Reason for leaving: _____	Reason for leaving: _____
Date started / left: _____	Date started / left: _____

Physical condition:

Please rate your physical fitness **1** (couch potato) - **10** (ultra marathoner): _____

Please rate your swimming ability **1** (rock) - **10** (dolphin): _____

Please list any medical concerns: _____

Please list any injuries occurring in the last 5 years: _____
