| BOOKING FORM |
| --- |
| Personal details |
| Name: | Date of birth: |
| I am [ ] Male [ ] female | Phone: | Email: |
| Current address: |
| City: | State: | Postcode: |
| Medicare No:  | Valid to: |
| Doctors Name: | Phone:  |
| Primary emergency contact details |
| Emergency contact name: |
| Relationship to you: |
| Home phone: | Mobile phone: | Work phone: |
| Tour details |
| Tours: [ ] 1 day Snowy River tour[ ] 2 day Snowy River tour[ ] 5 day Snowy River tour[ ] 1 day Murrumbidgee River tour[ ] 2 day Murrumbidgee River tour[ ] Custom trip – If Custom trip please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Tour start date: |
| payment |
| Payments may be made to Alpine River Adventures email account: riverguide@outlook.com using a Paypal account, debit or credit card OR by direct deposit to:National Australia BankAccount name: Alpine River AdventuresBSB: 082535A/C number: 245606043\* Please include your name as reference for paymentA $100 dollar deposit is required at the time of booking. |
| The following information may help you in the unlikely event of an accident. It is not our intention to exclude you from a trip because of your answers. If you are unsure of your ability, mentally or physically you should contact alpine river adventures before booking a trip. |
| medical details |
|  | **Tick YES or No to all questions** | **Notes** | **Additional information**  |
| Ambulance insurance | [ ] No | [ ] Yes | Recommended |  |
| Travel insurance | [ ] No | [ ] Yes | Recommended |  |
| Asthma | [ ] No | [ ] Yes | Please provide details – you may be required to fill in an allergenic reaction management form (ARA will contact you if this is necessary). |  |
| Allergies | [ ] No | [ ] Yes | Please provide details - you may be required to fill in an allergenic reaction management form (ARA will contact you if this is necessary). |  |
| Joint/Muscle/Skeletal issues | [ ] No | [ ] Yes | \*please note that you be will required to paddle. If you have chronic shoulder/wrist injuries we advise you try a different activity |  |
| Disabilities | [ ] No | [ ] Yes | Please provide details |  |
| Please list any other medical conditions and medications |  |
| \* Please note it is your responsibility to inform us of any medical conditions. You are responsible to carry and administer your own medication. You may ask staff for advice on how to securely carry your medication while on the river. |
| Dietary |
| Any special requirements | [ ] Yes | [ ] No | Please provide details: |
| Swimming Ability |
| I can swim 50 metres | [ ] No | [ ] With a struggle | [ ] Comfortably | [ ] Strongly |
| fitness level |
| My level of fitness is | [ ] Low | [ ] Average | [ ] Good | [ ] Excellent |
| \* Please note Alpine River Adventures may require, after reviewing this information that you visit a doctor to gain approval to participate. This will be determined after this form is received by Alpine River Adventures and in consultation with you. |
| outfitter sizing for unisex wetsuits |
| I fit | [ ] X-Small | [ ] Small | [ ] Medium | [ ]  Large | [ ]  X-Large | [ ] XX-Large |
| declaration |
| I declare that the information which I have provided on this form is complete and correct and that I will notify Alpine River Adventures if any changes occur. I authorise the guide or any employee of Alpine River Adventures who is with me, to give consent where it is impractical to communicate with me, and agree to me receiving such medical or surgical treatment as may be deemed necessary. I give permission for Alpine River Adventures to pass this information on to a third party (e.g. Doctor, Hospital) to facilitate my medical treatment. I give permission for Alpine River Adventures to retain this form for statutory requirements.[ ]  I accept this declaration |
| Date: |