



Thank you for choosing Hardwater Kiting. To help us better serve you we ask that you please complete this pre-clinic questionnaire. All information in this form is treated in the strictest confidence.

**Surname:**  
**Passport or license #:**  
**Emergency contact:**

**First Name:**  
**Address:**  
**Emergency contact Tel #:**

**Height /Weight:**

**Age:**

**Gender:**

**Ski or Snowboard:** (For beginner snowkiters we recommend skis as they are easier to maneuver in the beginner learning process.)

**Current level of fitness:** In the last two months, how often have you exercised for at least 20 minutes?

- occasionally
- 1 - 2 times per week
- 3 - 4 times per week
- 5 or more times per week

**What is your level of power kiting experience?** (if any)

**What other sports do you participate in?**

**Medical/Surgical History:**

Do you have a surgical or orthopedic incident history? YES / NO

If yes, please explain:

Do you suffer of a permanent condition (e.g. Asthma)? YES / NO

If yes, please explain:

Are you currently taking any medication(prescription or over the counter)? YES / NO

If yes, please list:

*Is there anything else in your medical history that you feel the guide/instructor should be aware of?*

**Signature**

Date ...../...../.....