

CT AMC Sea Kayak Trip Participant Screening Form

Trip/date/leader _____

Name _____

Address _____

City, State, Zip _____

Phone(s) _____

Email _____

Previous AMC trips/rating _____

Sea Kayak _____

Equipment

Spray skirt _____ Whistle _____ PFD _____ Flashlight _____

Pump _____ Paddlefloat _____ Paddle _____

Wet or dry suit required _____

Self-rated Safety Skills

Swim _____ Wetexit _____

Paddlefloat re-entry _____

Other single re-entry _____

T-rescue: victim _____ rescuer _____

Eskimo roll _____ Towing _____

Self-rated paddling level _____

Post-trip evaluations

Wet exit completed _____ Re-entry completed _____

Other safety skills _____

Paddling skills _____
