



O.A.R.S. American River Guest Registration Form

PLEASE COMPLETE ONE FORM PER PERSON AND RETURN IMMEDIATELY

Name _____ Tour Code: _____ Booking #: _____

Phone (Cell) (____) _____ (Hm) (____) _____ (Wk) (____) _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Birth date _____ Age _____ Height _____ Weight _____ (Needed to fit your personal flotation device) Gender: _____

We reserve the right not to accept passengers weighing more than 260 lbs. or with a waist / chest size exceeding 56 inches. If you exceed these requirements, please give us a call.

Emergency Contact (Please DO NOT list yourself or someone else on the trip.):

Name: _____ Phone _____ Cell _____

What prior rafting or comparable outdoor experience do you have? When and where? _____

Do you have a special focus, expectation or concerns for this trip? _____

Special Occasions (Birthday, anniversary, graduation, etc.): _____

To honor your requests, we must have this information in our office 30 days before your trip. If you are booking within this time period, please make sure you've discussed any special requests with our office. We will do our best to accommodate your requests.

Are you currently experiencing or have you ever had any of the following?

- | | | |
|---|--|--|
| <input type="checkbox"/> Heart problems/attacks | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Urinary tract problems |
| <input type="checkbox"/> Chest pain/pressure | <input type="checkbox"/> Seizures | <input type="checkbox"/> Muscular-skeletal problems |
| <input type="checkbox"/> Frequent shortness of breath | <input type="checkbox"/> Overweight | <input type="checkbox"/> Major hospitalization/surgery (within the last year) |
| <input type="checkbox"/> Frequent dizziness | <input type="checkbox"/> Currently pregnant | <input type="checkbox"/> Severe allergic reactions |
| <input type="checkbox"/> Frequent fainting | <input type="checkbox"/> Asthma/respiratory problems | <input type="checkbox"/> Any other medical conditions or concerns - past or present - of which we should be aware. |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diabetes/blood sugar problems | |
| <input type="checkbox"/> Depression/anxiety | <input type="checkbox"/> Recurrent/frequent headaches | |
| <input type="checkbox"/> Smoker | <input type="checkbox"/> Ulcer/stomach problems | |

Please explain medical issue(s). Please be specific: _____

Describe any limitations to your mobility: _____

Describe the exercise you do on a weekly basis: _____

Describe any mental health conditions for which you are being treated: _____

Describe any environmental or drug allergies: _____

List all medications you will be taking while on your trip: _____

Medical Notes

It is your responsibility to understand the rigors of this outdoor adventure and to represent to us that you are physically capable of participation. You understand your own health and fitness better than anyone and we are relying on you to provide accurate information. Special arrangements may be made to accommodate certain conditions if noted far enough in advance. You may be required to provide us with a note from your doctor clearing you for this trip. We appreciate your cooperation.

If you are allergic to insect bites or stings or if you are worried about anaphylactic shock, please bring your own epi-pens or other immune system management tool. We do not carry epi-kits.

If you are a smoker, you need to be mindful that second-hand smoke can be problematic in group settings. You will be asked to smoke well downwind of the group.

If you are concerned about being overweight, please call us. Our concerns include fitting you into the required personal floatation device, balancing boat weight and getting you back in the boat after an involuntary swim.

Dietary Information (Not applicable for half day trips)

Please list any dietary restrictions that may require additional planning. *Due to limited packing space and the constraints of cooking for a large group, we ask that, if possible, you refrain from including dietary preferences (likes or dislikes).*

Note: Not all trips include lunch. Refer to your itinerary for details about included meals.

Vegetarians please specify no red meat, poultry, pork, fish, dairy, eggs or vegan: _____

Allergies, other medical or religious restrictions: _____

If you have food allergies or restrictions, we will do our best to accommodate your needs. **However, there may be an additional supplemental menu fee ranging from \$5-20 per person, per day to cover our increased costs.** *For food requests made within 30 days of your trip, we cannot guarantee availability of certain products.*

River Park Adventure Campground

The River Park Adventure Campground is a great addition to your rafting adventure. Please visit the River Park Adventure Campground web page for detailed information on the options available: www.oars.com/adventurecampground.

Check-in for the River Park Adventure Campground is open from 5:00 – 8:00 PM. If you plan to arrive outside that time frame, please contact your Adventure Consultant now to make arrangements. If you are running late on the day of your arrival, please call and inform the office immediately.

If you have questions or concerns about camping at the River Park Adventure Campground, please call to speak to an Adventure Consultant: (800) 446-7238.

One night of free camping is included with your American River reservation. Additional camping can be reserved for \$10/person/night. Multi-day trips also include the night of camping between your two days of rafting.

Camping

- I would like to camp the night before my trip
- I would like to camp the night after my trip
- I would like to camp both the night before and after my trip (\$10/person)
- I will not be camping

If you are camping, the following equipment is available to rent at the River Park Adventure Campground. We understand that guests often bring their own gear; please select your option below. (A sleep kit includes a 3” thick inflatable sleeping pad, sleeping bag, sheet liner, small pillow, and ground tarp.)

Rental Gear

- I would like to rent a 2-person tent for \$30
- I would like to rent a sleep kit for \$25
- I would like to rent a paco pad for \$10
- I would like to rent a 2-person tent AND a sleep kit for \$55
- I would like to rent a 2-person tent AND a paco pad for \$40
- I do not need to rent any additional camping equipment

At O.A.R.S., we are proud to offer a limited number of beautiful and comfortable Platform Tents. The tents are set up before your arrival and sleep two people each. Each Platform Tent includes two cots, sleeping bags, pillows, and camp chairs. For more information on the Platform Tents, visit the River Park Adventure Campground web page: www.oars.com/adventurecampground.

Note: if you rent a platform tent, everything is included based on double occupancy; you do not need to rent any additional nights of camping or equipment.

The Platform Tents cost \$100 + tax for the first night and \$50 + tax for each consecutive night.

Platform Tents

- I would like to rent a Platform Tent for each night I am staying at the campground.
- I would not like to rent a Platform Tent

Payment Details

(multi-day trips only)

If you'd like to discuss payment options please contact your Adventure Consultant.

- Charge my credit card for final payment now
- Charge my credit card for final payment automatically 60 days prior to the trip

Credit Card Number _____ Expiration _____ Code (Amex only) _____ Name on Card _____

Please return to:
O.A.R.S.
P O Box 67
Angels Camp, CA 95222
209-736-4677
Fax 209-736-2902