

Southern Sea Ventures Polar Kayak Experience Form

To ensure you have a safe and enjoyable paddling holiday your kayaking standard for paddling traditional sea kayaks with spray skirts should be of an intermediate level, combined with an adventurous attitude. This should not be your first sea kayaking experience. Sit On Top kayak experience is *not a substitute*. There is no need to be an expert kayaker. However, you should practice a wet exit and assisted re-entry before departure. Please recognize that the weather will greatly influence the degree of difficulty of the trip. We highly recommend that you have done some kayaking recently and in a variety of conditions. We aim to have two kayak outings each day, weather permitting.

Even if your experience is limited, we encourage you to contact us to discuss your suitability. There is often ample time to gain the required experience before you depart. We may be able to recommend a reputable sea kayak operator in your area for tuition prior to your trip.

***Please complete this experience form accurately and return it to us as soon as possible. This is required to confirm your place on the trip.**

NAME _____ **AGE** _____

TRIP NAME _____ **DEPARTURE DATE** _____

Sea Kayaking Experience

1. Have you paddled sea kayaks? YES NO Whitewater kayaks? YES NO Surf ski? YES NO
2. Have you paddled in single kayaks? YES NO Double kayaks? YES NO
3. Do you have your own sea kayak? YES NO
4. Would you call yourself a: BEGINNER INTERMEDIATE EXPERT
5. Have you done any sea kayak courses? YES NO *If yes, please list them, outlining when and where.*

6. Have you paddled in open ocean waters (i.e. outside harbours and estuaries) YES NO
If yes, where? Please indicate details of what type of paddling you have done.

7. Have you paddled in the polar regions before? YES NO
8. How many times (approximately) have you paddled in the last two years?
 0 times 1-5 times 6-20 times 20 times
9. Please let us know your height and weight so we may ensure the kayaks are appropriate.

Height _____ Weight _____

SIGNATURE _____ **DATE** _____



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