



Date:

## CAMPER QUESTIONNAIRE

All questions are intended to help us better craft a personalized experience for your child and return them to you a better angler than when they arrived. The information below helps us learn about your child before we meet them in person.

<b>Camper's Name:</b> <small>(Last, first, M.I.)</small>	<input type="checkbox"/> M	<input type="checkbox"/> F	<b>AGE:</b>
<b>Fishing Experience:</b> <input type="checkbox"/> Never <input type="checkbox"/> Limited <input type="checkbox"/> Frequent <input type="checkbox"/> Advanced    Comments: _____			
<b>Physical Limitations:</b>		<b>Weight (for lifejacket sizing):</b>	

### PREFERENCES, ALLERGIES, HEALTH HISTORY

<b>Relevant Allergies:</b> <input type="checkbox"/> Nuts <input type="checkbox"/> Seafood <input type="checkbox"/> Milk Products <input type="checkbox"/> Other: _____ <input type="checkbox"/> None			
<b>Medical Devices or Medications Required</b>	<input type="checkbox"/> Inhaler	<input type="checkbox"/> Contact Lenses	
	<input type="checkbox"/> "Epi" Pen	<input type="checkbox"/> Hearing Aid	
	<input type="checkbox"/> Glasses	<input type="checkbox"/> Other(list): _____	

<b>List issues you believe we need to know</b>

<b>Contacts (include as many as you believe we may need to reach someone in case of emergency)</b>		
Relationship	Name	Phone #
Mother		
Father		
Grandparent		
Pediatrician		
Other		

<b>Child's Preferences (and Parent Suggestions)</b>		
Item	List Preferences/Notes/Suggestions	List Sensitivities/Allergies
Meals		
Drinks		
Snacks		

<b>Has the camper ever been on a charter fishing trip?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## EXPERIENCE DETAIL

QUESTIONNAIRE WILL GUIDE OUR CAPTAINS TO FOCUS ON NEEDED SKILLS WITH YOUR CHILD

<b>Fishing Experience (check all they have been exposed to)</b>	<input type="checkbox"/> Jigging				
	<input type="checkbox"/> Trolling				
	<input type="checkbox"/> Bottom Fishing				
	<input type="checkbox"/> Live Bait Fishing				
<b>Boating Experience</b>	Has camper been on a boat in past 12 months?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Has camper been seasick in past 12 months?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Swimming Ability	<input type="checkbox"/> Strong	<input type="checkbox"/> Average	<input type="checkbox"/> Low	
	Sun Sensitivity	<input type="checkbox"/> Hi	<input type="checkbox"/> Med	<input type="checkbox"/> Low	
<b>Hydration</b>	<input type="checkbox"/> Drinks on own	<input type="checkbox"/> Needs reminding	<input type="checkbox"/> Picky		
	What does camper prefer to drink for hydration? (list)				
<b>Sun</b>	Is camper prone to sunburn?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Will camper bring sunscreen and hat and/or face buff with them?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does camper need help applying sunscreen?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does camper need to be reminded to apply/reapply sunscreen/hat/etc.?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Will the camper wear sunglasses?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If sunglasses to be worn, are they prescription?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Personal Safety and Comfort</b>	Has camper worn a lifejacket before?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Has camper ever put bait on a fish hook?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Has camper ever removed a live fish from a hook?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Has camper ever used a fishing knife?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does fish blood or guts make camper uncomfortable?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Has the camper experienced heatstroke in past?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

## GOALS – PICK TOP 3 SKILLS CAMPER HOPES TO IMPROVE THIS SESSION

<input type="checkbox"/> Knots	<input type="checkbox"/> Trolling	<input type="checkbox"/> Selecting/Rigging Rods
<input type="checkbox"/> Bait Hooks	<input type="checkbox"/> Jigging	<input type="checkbox"/> Rigging Baits
<input type="checkbox"/> Dehook Fish	<input type="checkbox"/> Live Baiting	<input type="checkbox"/> Cleaning Fish
<input type="checkbox"/> Casting	<input type="checkbox"/> Bottom Fishing	<input type="checkbox"/> Navigation Basics
<input type="checkbox"/> Catch Bait	<input type="checkbox"/> Drift Fishing	<input type="checkbox"/> Cast Nets
<input type="checkbox"/> Gaffing	<input type="checkbox"/> Chunking	