



EMERGENCY AND MEDICAL INFORMATION

Date: _____
Name _____
Billing address _____
City _____ State _____ Zip _____
Cell phone _____ e-mail _____

Activity and Date for which you are registered: _____

Emergency Contact:

Name _____ Phone _____
Relationship to participant _____

Participant's Date of Birth: _____

Describe (if any) experience you may have in this activity or related activity for which you are signing up: _____

Describe your current level of activity and physical fitness: _____

Do you have any medical conditions? Yes___ No___ If so, explain: _____

Do you have any allergies? Yes___ No___ If so, explain: _____

Are you taking any medication? Yes___ No___ If so, explain: _____

Do you carry any medical insurance? Yes___ No___

I certify that the above information is accurate and true to the best of my knowledge.

Print Name: _____ Signature: _____