Climbing for Life

www.climbingforlife.org

Medical Information

Participant Name ______________________________

Address ______________________________

City ______________________ State ______________

Home phone ______________________ Work phone ______________

Date of Birth ______________________ Sex ______________

Who to contact in case of emergency

Name ______________________________

Phone ______________________________

Do you have any Medical conditions ? *Yes* *no* *if yes explain* *(circle one)*

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Do you have any allergies? *Yes* *no* *if yes explain* *(circle one)*

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Are you taking any medicines? *Yes* *no* *if yes explain* *(circle one)*

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Do you have any dietary restrictions? *Yes* *no* *if yes explain* *(circle one)*

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Shoe size (youth participants only) ____________

Do you carry any medical insurance? *Yes* *no* *if so, insurance company or provider*

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Signature ______________________ date ______________

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