

TREE CLIMBING PLANET

Participant Information and Confidential Medical Disclosure

(Please print or type)

Tree Climbing Course _____ Date Course Begins _____

Name _____ Phone _____

City & State _____ Email _____

Name on Course Registration Form, if other than above _____

Information required by course instructor:

Age _____ Weight _____ Height _____ Waist measure _____

Do you wear eyeglasses? No Yes Contact lenses? No Yes

Do you require medication or other medical attention for allergic reactions? No Yes (Please specify)

Insects _____ Plants _____

Foods _____ Drugs _____

Other _____

• Are you pregnant? No Yes Which trimester? First Second Third

• Are you under a doctor's care for any condition (such as asthma, heart disease, diabetes, or epilepsy) that may require attention during physically strenuous activity? No Yes

• Do you have any physical conditions (such as recent surgery, recent back injury, physical disability, etc.) that may make it difficult for you to climb? No Yes

• Are you taking any medication(s) that may impact your participation in tree climbing activities? No Yes

If you answered YES to any of the four previous questions, please provide details (including whether you have consulted your doctor about your well-being during strenuous exercise):

In emergency, contact _____ Relation _____

Phone _____
Home Work Cell

Signature _____ Date _____