



General Health Information

To make your program as safe as possible, we need some important information regarding your health and any medical concerns you may have. Please note that, we practice a "challenge by choice" philosophy. Each individual is responsible for deciding the level of physical activity that is appropriate for them at that time. If you have any concerns we recommend that you consult with your physician or other qualified health practitioner prior to the program.

Participant Name _____ Organization _____

Address _____ City _____ State _____ Zip _____

Phone number (W) _____ (H) _____ (C) _____

Name of program _____ Date of Program _____

Height _____ Weight _____ Age _____

Insurance Company _____ Policy # _____

Emergency contact: Name _____ Relation to Participant _____

Phone number (W) _____ (H) _____ (C) _____

Please list any pertinent medical conditions (ex. Asthma, diabetes types 1 or 2, heart problems, etc.): _____

Please list any current medications you are taking or bringing with you and what they are treating (ex. Inhaler, insulin, epi-pen etc.): _____

Please list any allergies (ex. Food allergies, bee stings, drug allergies, etc.): _____

Does the participant have any pre-existing injuries or physical limitations which may limit participation in the program? _____ Explain: _____

Is there anything else we should be aware of? _____
