

MOUNTAIN SKILLS CLIMBING GUIDES, Inc.

PARTICIPANT REGISTRATION FORM

PLEASE PRINT CLEARLY

Participant's Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Date of Birth: _____ Occupation: _____

Who to contact in an emergency: _____ Relationship to you: _____

Emergency contact telephone number: _____

Do you have Diabetes? _____

How well is it under control? _____

Do you have a history of Seizures? _____

How well is it under control? _____

Do You have Heart Disease? _____

Do you have a history of or currently have asthma? _____ If you use an inhaler, do you have it with you? _____

Do you have a history of anaphylaxis or allergies? _____ If so, do you have an EpiPen or other prescribed medications with you? _____

Do you have relevant musculoskeletal injuries or related surgeries? _____

Do you have problems with vision or hearing? _____

To the best of your knowledge, do you have any other medical or health issues that would prevent you from fully participating in activities provided by Mountain Skills Climbing Guides?

Do you have medical insurance? _____

If so, who is your carrier? _____

Are you under the influence of illegal drugs or alcohol? Y/N _____

How did you find out about Mtn. Skills? _____

Do you have any previous climbing experience? _____

If so, explain: _____

Signature: _____ Date: _____

Guide conformation: _____