

**Boulder Ridge**  
Challenge Course  
**Registration & Medical Form**

*Boulder Ridge Team Building* activities may be strenuous, therefore, we are request the following information to help ensure your event is as enjoyable as possible. Boulder Ridge will use this information is for programming purposes only and will comply with all applicable state and federal laws related to the privacy of health information of this type.

Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**Please complete the following information:**

Yes	No	
___	___	Do you currently have:
		Allergic reactions to; insects, food, or plant? Anaphylaxis?
		<b>Specify</b> _____
___	___	Do you carry Epinephrine
___	___	Allergic to Medication? <b>Specify</b> _____
___	___	Currently taking any Prescriptions or Meds
		<b>Specify</b> _____
___	___	Diabetes
___	___	Heart Disease
___	___	Epilepsy/Seizures
___	___	Asthma
___	___	Mental or Neurological Problems
___	___	Musculoskeletal injuries, breaks, sprains, dislocations
___	___	Are you pregnant
___	___	Ever had surgery

Please explain any "yes" answers or other concerns below:

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**Verification of Accuracy and Full Disclosure**

I acknowledge that I have provided all known medical related information that may effect my or my child's participation. I agree to notify the Boulder Ridge facilitator if there is any change in my or my child's mental, physical or medical condition prior to my scheduled activity.

**Please initial here** \_\_\_\_\_

**Consent for Medical Treatment**

I consent to emergency first aid or medical treatment, which may become necessary during or in connection with my or my minor child's participation.

\_\_\_\_\_  
Signature of Participant or Parent/Guardian (if under 18 years of age)