

Fill this form out completely to allow for your participation on the course.

Your information:

Name

Address

Phone

City, State Zip

Contact in case of an emergency:

Name

Address

Phone

City, State Zip

Allergies:

Do you have any allergic reactions? Yes No
(ex: bees, drugs, foods, etc.)
If so, what are they?

Medications:

Are you taking any medication? Yes No
(ex: Tylenol, Orthonovo 777, Proventil, etc.)
If so, what are they and what are they for?

****Please note, the following questions require a response**

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Physical Condition: Do you have any physical or mental conditions that might limit or prevent you from participating in certain physical activities? If so, please describe such limitations and conditions on activities.

Injuries: Have you experienced any injuries (ex: dislocations, sprains, etc.) within the last three years? If so, list and identify when the injuries occurred and the extent of the severity of the injury. Have you fully recovered from this injury?

Physician: Have you ever been treated by a physician in the past year? Have you been hospitalized within the past year? If so, explain.

Primary Physician:

Name

Address

Phone

City, State Zip

Insurance:

Insurance Company

Policy I.D. Number

Please fold this form in thirds and tape in closed to maintain your confidentiality.
This form is the property of the Kansas State University Challenge Course Program and will remain as a confidential record.
Only the instructors and Medical personnel have access to this information.