

Medical Information
Climbing for Life

Participant Name _____

Address _____

City _____ State _____

Home phone _____ Work phone _____

Date of Birth _____ Gender _____

Who to contact in case of emergency

Name _____

Phone _____

Do you have any Medical conditions ? *yes* *no if yes explain (circle one)*

Do you have any allergies? *yes* *no if yes explain (circle one)*

Are you taking any medicines? *yes* *no if yes explain (circle one)*

Do you have any dietary restrictions? *yes* *no if yes explain (circle one)*

Shoe size (to be filled out by youth participants only) _____

Do you carry any medical insurance? *yes* *no if so, insurance company or provider*

Signature _____ **date** _____