

# TREE CLIMBING NORTHWEST

## Participant Information and Confidential Medical Disclosure

### INSTRUCTIONS

1. Please fill in this form at your computer.
2. Submit the completed form using one of the options described at the bottom of the page.
3. This information is required for all participants. Please have each member of your party complete a separate copy of this form.

(Please print or type)

Tree Climbing Course \_\_\_\_\_ Date Course Begins \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

City & State \_\_\_\_\_ Email \_\_\_\_\_

Name on Course Registration Form, if other than above \_\_\_\_\_

#### Information required by course instructor:

Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Waist measure \_\_\_\_\_

Do you wear eyeglasses? No Yes Contact lenses? No Yes

Do you require medication or other medical attention for allergic reactions? No Yes (Please specify)

Insects \_\_\_\_\_ Plants \_\_\_\_\_

Foods \_\_\_\_\_ Drugs \_\_\_\_\_

Other \_\_\_\_\_

- Are you pregnant? No Yes Which trimester? First Second Third
- Are you under a doctor's care for any condition (such as asthma, heart disease, diabetes, or epilepsy) that may require attention during physically strenuous activity? No Yes
- Do you have any physical conditions (such as recent surgery, recent back injury, physical disability, etc.) that may make it difficult for you to climb? No Yes
- Are you taking any medication(s) that may impact your participation in tree climbing activities? No Yes

If you answered YES to any of the four previous questions, please provide details (including whether you have consulted your doctor about your well-being during strenuous exercise):

In emergency, contact \_\_\_\_\_ Relation \_\_\_\_\_

Phone \_\_\_\_\_  
Home Work Cell

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If enrolling online, leave signature area blank. We will ask you to sign and date your form on the day your course begins.*

Please submit your form using one of the following methods:

1. **Paperless Registration:** Click the "Email Form" button and proceed as directed. (If your software does not support this action, a message will appear saying this operation is not permitted. Go to step 2.)
2. **Paperless Registration:** Click "Print" and choose "Adobe PDF" printer. Save the PDF file to your computer and send it to [connect@newtribe.com](mailto:connect@newtribe.com) as an email attachment. (If your system does not have a PDF printer available, go to step 3.)
3. **Paper Registration:** Click "Print" and select a printer that will produce a hard copy of your form. Print it and mail to New Tribe at the address below.