

# Tree Climbing Northwest

## Participant Information and Confidential Medical Disclosure

This information is required for all students. Please have each member of your party complete a separate copy of this form.

(Please print or type)

Tree Climbing Event \_\_\_\_\_ Date Event Begins \_\_\_\_\_

Name \_\_\_\_\_

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

### Information required by course instructor:

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

Do you wear eyeglasses? \_\_\_\_\_ Contact lenses? \_\_\_\_\_

Do you require medication or other medical attention for allergic reactions? (Please specify)

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

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

Other \_\_\_\_\_

• Are you pregnant? No Yes Which trimester? \_\_\_\_\_

• 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 or Cell \_\_\_\_\_

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

*If enrolling online, leave blank. We will print your completed form for you to sign on the day your course begins.*

Tree Climbing Northwest is an assumed business name of New Tribe, Inc.  
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