



Please complete one information form on each participant. All paperwork must be complete before the start of practice.

Pain or Injury:  Neck  Back  Shoulder \_\_\_\_\_

Diabetes  Seizures  Frequent unexplained fainting or dizziness \_\_\_\_\_

Chronic Illness: \_\_\_\_\_

Current Medications:  Medications \_\_\_\_\_ Dose \_\_\_\_\_

Allergies:  Food \_\_\_\_\_

Environment \_\_\_\_\_

Dietary restrictions:  Omnivorous  Vegetarian  Vegan \_\_\_\_\_

Visual Impairments:  Depth Limitations  Color blind  Requires glasses \_\_\_\_\_

Issues:  Sensory  Auditory  Processing  Behavioral  Social  Learning

Personality:  Introvert  Extrovert  Cautious  Risk-taker  Academic  Competitive  
 Artistic

#### Insurance Information

Parents/Guardians are responsible for any medical expenses and should be covered by their own sickness and accident insurance/coverage.

Is the participant covered by hospitalization and medical care insurance?  Yes  No

Policy or Certificate No. \_\_\_\_\_

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred hospital/ER \_\_\_\_\_

Please make copies of health insurance card and submit with this form.



Please complete one information form on each participant. All paperwork must be complete before the start of their first practice.

➤ Team \_\_\_\_\_

➤ **Full name of Participant** \_\_\_\_\_ Nickname \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Gender \_\_\_\_\_ birth date \_\_\_\_\_ Age at time of camp \_\_\_\_\_ yrs \_\_\_\_\_ mos

➤ **Parent(s)/guardian name** \_\_\_\_\_

Address (if different from participant) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

Home PH \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Best place to be reached?  home  office  cell

Email \_\_\_\_\_

➤ **Parent(s)/guardian name** \_\_\_\_\_

Address (if different from participant) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

Home PH \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Best place to reach you?  home  office  cell

Email \_\_\_\_\_

➤ **Care taker information:** name \_\_\_\_\_ Cell Phone \_\_\_\_\_

➤ **emergency contact** \_\_\_\_\_ ph. \_\_\_\_\_ cell \_\_\_\_\_ relationship \_\_\_\_\_

➤ **emergency contact** \_\_\_\_\_ ph. \_\_\_\_\_ cell \_\_\_\_\_ relationship \_\_\_\_\_

I authorize the following people to pick up my child from the Urban Core Climbing team practice related activities:

NAME	RELATIONSHIP	PHONE
_____	_____	_____
_____	_____	_____

The following people are prohibited from picking up my child the Urban Core Climbing team practice related activities:

Name	relationship
_____	_____
_____	_____

Climber's Information

