

MOUNTAIN SKILLS CLIMBING GUIDES, Inc.

2009

PARTICIPANT REGISTRATION FORM

PLEASE PRINT CLEARLY

Participant's Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Date of Birth: _____ Occupation: _____

Who to contact in an emergency: _____ Relationship to you: _____

Emergency contact telephone number: _____

Do you have any pre-existing medical conditions? If so, explain: _____

Have you had any recent surgeries or are undergoing care for previous injuries? If so, explain:

Are you taking any medications? If so, what are the medications? Explain what they are for:

Are you asthmatic? _____ If so, do you have your inhaler? _____

Are you allergic to bee stings? _____ If so, do you carry an EpiPen? _____

Do you have medical insurance? _____

If so, who is your carrier? _____

Do you acknowledge you are not under the influence of illegal drugs or alcohol? Y/N _____

How did you find out about Mtn. Skills? _____

Do you have any previous climbing experience? _____

If so, explain: _____

Signature: _____ Date: _____

Guide conformation: _____