

ROCK DIMENSIONS, INC.
REGISTRATION AND MEDICAL FORM

Name: _____ Age: _____ Today's date: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: Home: _____ Work/Mobile: _____

Emergency Contact: _____ Phone: _____

Optional:

Health/Accident Insurance Company: _____

Policy Number: _____

Name of personal physician: _____ Phone: _____

Are there any lifesaving medications that the participant carries with them, including but not limited to asthma inhalers or epinephrine? _____

Allergies: _____

Medications: _____

Pre-existing injuries or medical problems that may be aggravated by hiking, climbing, caving, or ropes/challenge course activity:

*****All participants are expected to take responsibility for their own health and safety. Participants should check with their doctor for advice if they are concerned about any pre-existing injuries or medical problems prior to hiking, climbing, caving, or ropes/challenge course activities.***

Medical Release

In the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to myself or my child, in the event of an accidental injury or illness during participation with Rock Dimensions, until such time as I or the emergency contact can be reached. This permission includes but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. Every reasonable effort will be made to contact the emergency contact person(s) listed on this form in the event that significant medical care is needed.

Participant signature _____ Parent/Guardian signature _____