



Challenge Course Medical Disclosure/Health Form

We require that this form be read and filled out in full before Participation.

Name: _____ Date: _____

Address: _____ Phone: _____

Gender: _____ Age: _____ Date of Birth: _____ Height: _____

Weight: _____

In case of an emergency please notify:

Name: _____

Relationship: _____

Phone: (h) _____ (w) _____

(cell) _____

Physician Name: _____ Physician

Phone: _____

Medical Insurance Carrier _____

Policy Number: _____

1. Have you received any pressure or coercion from others (friends, classmates, family, parents, coach or employer) to participate? Yes _____ No _____

2. Current exercise level: Type of Activities _____
Frequency: _____

3. Do you foresee any problems participating in the upcoming challenge course activities due to lack of physical fitness? Yes _____ No _____

4. Are you pregnant? Yes _____ No _____.

5. Do you smoke? Yes: _____ No: _____

6. Do you have asthma: Yes: _____ No: _____

If yes, is your asthma controlled: Yes: _____ No: _____

Do you have exercise or stress induced asthma: Yes: _____ No: _____

7. Do you wear glasses or contact lenses? Yes: _____ No: _____

8. Are you currently under a physician's care? Yes: _____ No: _____

If yes, What are you currently being treated for?

9. Are you currently taking any medication? Yes: _____ No: _____

Medication(s): _____

Condition(s): _____

10. Do you have any allergies (food, bees, or medicines)? Yes: _____ No: _____

List: _____

Reaction: _____

Medication Required: _____

11. Do you have a disability? Yes _____ No _____

If yes, please indicate the functional implications and any concerns about participation related to the disability.

12. Do you require special assistance of any kind? Yes: _____ No: _____

If yes, Please

explain: _____

13. Have you had a recent injury? Yes: _____ No: _____

If yes, Please

explain: _____

14. Do you have diabetes, seizures, or frequent fainting/dizziness? Yes: _____ No: _____

If yes, Please

explain: _____

15. Do you have any neck, back, shoulder, knee, or ankle injuries? Yes: _____ No: _____

If yes, Please

explain: _____

16. Do you have a history of heart problems and/or high blood pressure?

Yes: _____ (if you checked "Yes", please read the note below) No: _____

If yes, Please

explain: _____

*Note: If "Yes": Blood Pressure: (taken within the last six months) _____

17. Do you have any other medical or psychological conditions? Yes: _____ No: _____

If yes, Please

explain: _____

Participants with a history of heart problems and/or high blood pressure are at risk while participating on a challenge course due to the emotional and physical demands involved. Heart attacks and fatalities have occurred in situations where

individuals with preexisting heart/high blood pressure conditions have participated in challenge course activities.

****We ask that all participants answering “Yes” to questions #3, 4, 14 and/or 16 and/or if they have severe or uncontrolled asthma to submit a written approval from their physician prior to participation.**

General information regarding pregnancy:

The activities involved in challenge course participation often involve twisting, turning, lifting, supporting body weights, unexpected physical contact, potential falling from various heights, and waist harness usage. By participating in these activities while pregnant, you will put yourself and your unborn child at risk and in potentially dangerous situations.

I have read the Camp Mokule‘ia, Inc. Health Form and fully understand it without question. I have honestly disclosed to the staff any medical, psychological or personal reasons that might affect my safety or the safety of others during the activities. I understand that I am participating by my own choice and that I do not feel pressured to participate. I certify that I have health insurance that will provide coverage in the event that I am injured.

The information I provided is accurate to the best of my knowledge.

Signature of Participant: _____ Date: _____

Print Name: _____

Signature of Parent/Legal Guardian (If participant is under 18) _____ Print

Name: _____ Date: _____