



Program Registration Participant Information and Health Assessment

Name of Course _____ Departure Date _____

Name _____ Age _____ Sex _____ Date of Birth ____/____/____

Email address _____

Current Address _____

City _____ State _____ Zip _____

Mobile phone _____ Home Phone _____ Work Phone _____

Student/Year _____ Military Rank _____ Staff Dept. _____

Occupation _____ Height _____ Weight _____ T-shirt size _____

IN CASE OF EMERGENCY PLEASE NOTIFY

Name _____ Relationship _____

Phone _____ Address _____

City _____ State _____ Zip _____

Insurance Company and Policy Number _____

HEALTH HISTORY

In compliance with the Health Insurance Portability and Accountability Act (HIPAA) the following health related information will be kept confidential and will only be used: (1) to make an individualized assessment of the risk and safety factors involved, (2) to help determine reasonable accommodations that are needed for a qualified individual with a disability to participate in Two Eagles Adventures programming, (3) to provide information in the case of medical emergency.

Please list any medications (prescription and non-prescription) that you currently take, its purpose, and any side effects that you know of that may affect you during Two Eagles Adventures programming

Medication	Purpose	Known side effects

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Please be very thorough in responding to the following medical issues

1) List and describe any injuries, operations, illnesses or physical conditions for which you are now under treatment or that requires regular medication _____

2) Are you ALLERGIC to any of the following? Please describe the allergen and the reaction.

Medications: penicillin, aspirin, sulfa, other _____

Foods: dairy products, grains, shellfish, other _____

Insect bites: bees, wasps, other _____

Other: wool, acrylic, other _____

3) Have you has any of the following? Please state the year of occurrence:

Hernia _____ Dislocation _____ Fractures _____ Concussion _____

Back or neck injuries _____ Sprains or strains _____ Heart problems _____

4) List any other physical disabilities or chronic conditions (i.e. vision, hearing) _____

5) Do you tire easily? _____

6) Do you have a perceptual disability? (e.g. dyslexia, vision issues) _____

7) Do you have any emotional or behavioral challenges? (e.g. phobias) _____

8) Do you have any foot, ankle or knee problems? _____

9) Do you have a current tetanus immunization? _____ Date Administered _____

10) Do you have any special dietary considerations? _____

	Not very active			Extremely active	
Level of physical fitness:	1	2	3	4	5
	Non-swimmer			Advanced swimmer	
Swimming level:	1	2	3	4	5

How did you hear about this program or other Two Eagles Adventures programs?

Flyer _____ Friend _____ Former workshops _____ Advertisement _____ Article _____

Website _____ Other _____

APPLICANT (print) _____ **DATE** _____

SIGNATURE _____

WITNESS _____

PARENT OR GUARDIAN _____ **DATE** _____

(If participant is less than 18 years of age)

Revised 10/2007