

**Course Registration
and
Medical Information Form**

PLEASE PRINT CLEARLY!

Name (first and last): _____ Today's date _____

Address: _____

Street _____ City, State _____ Zip _____
Home phone: _____ Work phone: _____ Cell phone: _____

Course registering for: BTCC _____ SRT _____ Facilitator _____ Custom/other: _____

Email Address _____ Date of Birth _____

Emergency Contact Name: _____ Relationship: _____

Phone numbers: _____

Reason for Taking this Course _____

How did you hear about Tree Climbing Colorado _____

Age: _____ Weight: _____ Height: _____ Waist size: _____

Do you wear glasses? Y _____ N _____ Contact lenses? Y _____ N _____

Do you require medication or other medical attention for allergies? (specify)

_____ Insects _____ Poison ivy/oak _____
_____ Drugs _____ Food/other _____

Do you have any condition that might make it difficult for you to climb (such as physical disability, recent surgery, back pain, pregnancy, injury, etc.)? Y _____ N _____

Please provide details: _____

Are you taking any medication that might affect your ability to safely participate in tree climbing activities? Y _____ N _____ Please provide details: _____

Are you under a doctor's care for any condition that may require special attention, such as asthma, heart condition, diabetes, epilepsy, etc.? Y _____ N _____

Please provide details: _____

Is there any other information you feel should be shared? Y _____ N _____

If "yes", please provide details: _____

Your Signature: _____ Date: _____