

**Olympic Mountain School**  
**HEALTH STATEMENT AND EMERGENCY CONTACT**

Participant Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_\_\_

**HEALTH STATEMENT** - *This activity involves participation in outdoor activities that are, by their nature, physically and mentally demanding. Therefore all participants must be free of medical or physical conditions that might create undue risk to themselves or to others who depend on them. If there is any doubt whatsoever about your ability to safely participate in this activity, you should have a physical examination by a physician. We may also require a physician's consent as a precondition for participation. I declare that I am in good physical health and believe that I am able without reservation or limiting conditions to physically withstand and cope with the indicated rigors of this program.*

Participant Signature: I have read and understand the above  
\_\_\_\_\_  
Date: \_\_\_/\_\_\_/20\_\_\_\_\_.

1. Do you have any physical disabilities, conditions, past injuries or any other physical limitations that you have which could limit your participation in any way? No Yes (please explain on other side of form)

2. Do you have any pertinent allergies or medications? No Yes (please explain on other side of form)

3. Do you have any dietary restrictions? No Yes (please explain on other side of form)

4. Do you carry any medical insurance? No Yes

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

5. Describe your current physical fitness and level of activity:

Guardian Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Guardian's Address (if different than above):  
\_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Person's Phone #: \_\_\_\_\_

Emergency Contact Address (if different than above):  
\_\_\_\_\_