

Ascent Adventure Consultants LLC Registration and Medical Information Form

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Date of Birth: _____ Sex: Male Female

Emergency Contact:

Name: _____

Phone: _____ Relationship: _____

Do you have any medical conditions? Yes No

If so, please explain:

Do you have any allergies? Yes No

If so, please explain:

Are you taking any medication? Yes No

If so, please explain:

Do you have any dietary restrictions? Yes No

If so, please explain:

Do you carry any medical insurance? Yes No

If so, please provide the following insurance information:

Insurance Provider: _____

Policyholder: _____ Relation to self: _____

Describe your current physical fitness and level of activity:

I certify that the above information is accurate and true to the best of my knowledge.

Print Name: _____ Signature: _____