Individual Participant Registration Form

General Information

Name: _____ Gender: (M) (F) Age: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____
Name of Parent/Guardian (if under 18): _____
Emergency Contact Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

Medical Information

Check all items that apply, **past or present,** to your health history. Explain any "Yes" answers.
ALLERGIES: Food, medicines, insects, plants Yes☐ No☐
Explain: _____

GENERAL INFORMATION:

	Yes	*No*		*Yes*	*No*		*Yes*	*No*
ADHD	☐	☐	Convulsions/seizures	☐	☐	Hemophilia	☐	☐
Asthma	☐	☐	Diabetes	☐	☐	High blood pressure	☐	☐
Cancer/ Leukemia	☐	☐	Heart trouble	☐	☐	Kidney disease	☐	☐

Explain: _____

Please list ALL medications taken in the 30 days **prior** to arrival at the activity where this form is to be used:_____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, climbing, running or playing strenuous physical games:
_____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc. _____
_____

Participation Agreement

I will not be under the influence of any chemical substance including alcohol during my participation in the events. Understanding that any physical activity involves risk of injury, I understand that my participation in the Hawkeye Area Council Programs is entirely voluntary. I release the Hawkeye Area Council, its employees and staff, from any claims or liability arising out of my participation.

In case of emergency, I understand that every effort will be made to contact me (if an adult, my spouse or next of kin). In the event that I cannot be reached, I herby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or me, if an adult).

Signature:_____ Date:_____
*if the participant is under the age of 18, a parent or guardian must also sign below

Parent/Guardian Signature:_____ Date:_____

Staff Use Only: Date Participated: _____ Staff Initials: _____