



Registration and Medical Information Form

Personal Information

Name of Child _____ Age: _____ Sex: M / F

Weight: _____ Height: _____

Swimming Strength: Weak Average Strong

T-Shirt Size (circle one)

Youth: XS S M L XL Adult: S M L XL

Care Card Number _____

Doctors Name: _____ Doctors Phone: _____

Medical Information

Allergies:

- ☐ None
- ☐ Food _____
- ☐ Bee Stings
- ☐ Medications
- ☐ Other _____

If child has any allergies please describe reactions and severity below:

Epi-Pen required? Y / N

* If Anaphylactic, child MUST bring a minimum of 2 Epi-pens.
Please give detailed summary of triggers on the back of this page.

Has the child ever been treated for any of the following?

<input type="radio"/> Epilepsy	<input type="radio"/> Heart Problems	<input type="radio"/> Migraines
<input type="radio"/> Diabetes	<input type="radio"/> Debilitating Sports Injury	<input type="radio"/> Urinary Tract Infections
<input type="radio"/> Asthma	<input type="radio"/> Thyroid Disease	<input type="radio"/> Bleeding Problems
<input type="radio"/> Other (please describe)		

Dietary Restrictions

(Meals for the overnight will be provided)

- ☐ None
- ☐ Lactose
- ☐ Vegetarian
- ☐ Vegan
- ☐ Gluten Free
- ☐ Other _____



Registration and Medical Information Form

Please give details of all reactions, and of major or recent illnesses, operations, injuries or treatments. Give details of any other physical or emotional problems for which treatment may be necessary while the participant is in our care:

To the best of my knowledge, _____ (participant's name) is in good health, free of communicable disease, and physically able to participate in all Outdoor Connections activities, except as noted above for medical reasons only. In case of medical and/or surgical emergency, and I am not immediately available for consultation, I hereby give permission to the physician, instructors selected by lead facilitator, to secure proper treatment (i.e. hospitalization, injections, transfusions, anesthesia or surgery as appropriately required) for the person as named above.

I certify that the above information is accurate, and that I concur with the statements as described.

(Signature of parent /guardian)

Date

Photography Release Agreement

I hereby authorize The Outdoor Connections Foundation to publish photographs taken of myself and/or the minor child or children listed below, and our names and likenesses, for use in The Outdoor Connections Foundations print, online and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless The Outdoor Connections Foundation from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed above and that I have full authority to consent and authorize The Outdoor Connections Foundations to use their likenesses and names. I further acknowledge that participation is voluntary and that neither I, the minor child, nor minor children will receive financial compensation of any type associated with the taking or publication of these photographs.

Printed Name: _____

Signature: _____ Date: _____