



VERTICAL REALMS, LLC.

Mountain Skills & Adventures

Registration Information

Participants Name: _____

Address: _____
(apt.) and Street City State Zip Code

Home Phone: _____ Cell/Work Phone: _____

Email: _____ Date of Birth: _____

Who to contact in case of emergency: _____

Emergency contact telephone number: _____ Relationship to you: _____

Do you have Diabetes? _____
How well is it under control? _____

Do you have a history of Seizures? _____
How well is it under control? _____

Do you have a Heart Disease? _____
Do you have a history of or currently have asthma? _____ If you use an inhaler, do you have it with you? _____
Do you have a history of anaphylaxis or allergies? _____ If so, do you have an EpiPen or other prescribed medications with you? _____
Do you have relevant musculoskeletal injuries or related surgeries? _____

Do you have problems with vision or hearing? _____

To the best of your knowledge, do you have any other medical or health issues that would prevent you from fully participating in activities provided by Vertical Realms, LLC?

Do you have medical insurance? Y/N _____ If yes, please name your Carrier or Provider: _____

Are you under the influence of illegal drugs or alcohol? Y/N _____

How did you find out about Vertical Realms? _____

Participants first time climbing / skiing: _____

Climbing or skiing history: _____

Signature: _____

Date: _____