



**ABILITY AND MEDICAL INFORMATION:**

1) By signing this form I certify that I am sixteen years old or above and have strong intermediate to expert level (please circle one) SKIING / SNOWBOARDING/ TELEMARKING ability.

Initials \_\_\_\_\_

2) Below I have listed any past or present medical conditions that I am aware of.

Initials \_\_\_\_\_

3) If you or your family members have any of the following conditions, please specify the type of ailment for your safety and the safety of the entire group. This information will be used only if a medical emergency arises. Thank you for your cooperation.

Allergies \_\_\_\_\_

Diabetes \_\_\_\_\_

Epilepsy \_\_\_\_\_

Heart Problems \_\_\_\_\_

High/Low Blood Pressure \_\_\_\_\_

Are you pregnant at this time? \_\_\_\_\_

Have you ever had any joint or ligament damage? \_\_\_\_\_

Have you ever broken any bones? \_\_\_\_\_

Are there any other medical conditions that you have? \_\_\_\_\_

4) Please list any medications that you are presently taking. \_\_\_\_\_

5) Are you carrying any medications with you? \_\_\_\_\_

If yes, which medications are you carrying? \_\_\_\_\_

When did you take it last? \_\_\_\_\_ What is your birthdate? \_\_\_\_\_

When should you take it again? \_\_\_\_\_ Weight? (For snowcat purposes) \_\_\_\_\_

6) Do you have health insurance? \_\_\_\_\_

Company \_\_\_\_\_

Group and Policy number \_\_\_\_\_

**I hereby certify that the above information is true and correct to my knowledge.**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Printed Name \_\_\_\_\_

**(if under 18 years old)**