

**VERTICAL VOYAGES
PARTICIPANT INFORMATION FORM**
Each participant should completely fill out this form. PLEASE PRINT CLEARLY



Name: _____

Phone # _____ Cell # _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Date of Birth: _____ Occupation: _____

Weight (for belaying): _____

Will you be renting shoes? _____ Size: _____

Will you be renting a harness? _____ Waist Size: _____

Who should we contact in case of emergency? _____

Relationship to you: _____

Emergency contact telephone number: _____

Do you have diabetes? Y or N

How well is it under control?

Do you have a history of seizures? Y or N

How well is it under control? _____

Do you have heart disease? Y or N

How well is it managed? _____

Do you have a history of or currently have asthma? _____ If you use an inhaler, will you have it with you? _____

Do you have a history of anaphylaxis or allergies? _____ If so, will 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?

Do you have any other health issues that would prevent you from fully participating in activities provided by Vertical Voyages? Y or N If yes, describe:

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

Do you have medical insurance? Y or N

If so, who is your carrier? _____

How did you find out about our course?

Do you have any previous climbing experience? _____ If so, please describe:

What do you want to learn in this course and tell us about some of your climbing goals

Do you sport lead? Y or N

Do you trad climb? Y or N

What level do you top-rope? _____ What level do you lead? _____

Have you followed a trad or multi pitch route? _____

Signature: _____ Date: _____