



Your Name _____
Please Print

GREENWOOD FAMILY YMCA HEALTH DISCLOSURE FORM

Please read: This form is intended to remind staff and participants of the seriousness of attempting adventure activities with a pre-existing medical condition. This information is to be confidential.

Question	Response	
1. Any pre-existing medical conditions? If yes, please explain: _____	Yes	No
2. Are you currently taking any prescription or non-prescription medications? If yes, please explain: _____	Yes	No
3. Do you have any heart conditions?	Yes	No
4. Do you have high blood pressure?	Yes	No
5. Do you have any allergies (food, bees, insects, or medicines)? If so, please explain: _____	Yes	No
6. Do you foresee any problems participating in the upcoming Alpine Tower activity due to a lack of physical exercise back home? If yes, please explain: _____	Yes	No
7. Do you feel any pressure or coercion from employer or others to participate?	Yes	No
8. Do you have a disability? If yes, please indicate the functional implications and any concerns about participation related to the disability _____	Yes	No
9. Describe your current level of physical activity: _____ _____		
In case of emergency, contact: _____ Medical insurance (company and policy number) _____	Phone: _____	

Participant—please read and sign

I have honestly disclosed to the staff any medical, psychological, or personal information relating to my health. I will remember that a Challenge by Choice® atmosphere exists at all times, and I should not feel pressured to participate.

Signature

Date