POTTER'S RANCH ROPES CHALLENGE COURSE
(LOW & HIGH ROPES COURSE / ZIP LINE / TOWER OF POWER / INDOOR WALL)
ADULT/YOUTH HEALTH FORM

All adult campers/guests participating in the ropes course activities must compete this health form for each visit. All campers/guests under the age of 18 participating in the ropes course activities must have this card completed for each visit by a PARENT or GUARDIAN.

_____
Last Name First Name Initial

_____/_____/_____ _____ Male Female
Birthdate Age

_____
Parent/Guardian

_____
Address

_____
City State Zip + 4

_____ _____
Day Phone # Night Phone #

_____
Health Insurance Company Insur. Co. Address

_____
Insur. Co. Tel. # Insurance Policy # Expiration Date

Health History

	Yes	No		Yes	No
Asthma			Physical Condition		
Earaches			Emotional Condition		
Seizures			Heart Condition		
Diabetes			High Blood Pressure		
Hepatitis B			Excessive Weight		
Pregnant					
Other			Explain: _____		

Is there any medical reason why you should not participate in strenuous physical exercise?
Yes No. If yes, please explain on back of this form.

Allergic to:
Insect stings Yes No Penicillin Yes No Foods_____
Other Drugs_____ Date of last booster _____/_____/_____
List any activity restrictions and/or medication(s) you are on:

NOTICE: The Ropes Challenge Course Program (Low/High Elements/Climbing Wall & Zip Line) are physical activities which require some athletic ability, physical stamina and concentration. For theses reasons, certain medical or physical conditions may limit or prohibit participation in all or some of the program.

I hereby certify that I am in good health, free from and not exposed to communicable diseases within the last three weeks prior to retreat or camp time, and am able to participate in all camp or retreat activities.

IN CASE OF MEDICAL and/or SURGICAL EMERGENCY or other necessary medical attention, I hereby give permission to the trained 911 medical staff to hospitalize, secure proper treatment for, and order injection, anesthesia, x-rays, or surgery. I hereby waive and release Potter's Ranch from any and all liability for any injury or illnesses incurred at Potter's Ranch. I agree not to obligate Potter's Ranch to pay medical bills related to treatment.

_____ _____/_____/_____
Parent's/Guardian's Signature Date

Health.rec
1/02/04