



Jim Frankenfield

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Participant Background Sheet (Full Version for private, custom and/or advanced guiding)

Please fill out completely prior to the activity which you are enrolled in. All information is kept strictly confidential and will only be shared with a medical professional requiring it to provide health care services. Attach additional sheet(s) if necessary.

CONTACT INFO

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone - Home: _____ Work: _____ E-mail: _____

Emergency Contact (Name & Phone): _____

Activity you plan to attend: _____ Activity Date: _____

Health Insurance Information, (if any):

Personal Physician Name and Phone (if any):

MEDICAL

Height: _____ Weight: _____ Date of Birth: _____

Check your current physical status: Excellent _____ Good _____ Fair _____ Poor _____

Describe your current level of activity and/or exercise program:

Describe any history of past medical problems:

Describe any known or suspected current medical problems or conditions and/or any special problems you may have which could affect your abilities in this activity:

List all medications which you are currently taking, prescription and non-prescription:

List anything to which you are sensitive or allergic, including medications.

PREVIOUS BACKGROUND, INTERESTS, EXPECTATIONS

The following information allows the class or trip to be tailored to the interests and abilities of the participants. It is also helpful in planning certain aspects of group management. Please answer as honestly as possible, and do not be afraid to state "None" if it applies. Thanks for your cooperation!

Experience:

Please summarize, briefly, your previous experience in or related to the course or activity you have registered for.

First Aid and/or Rescue Training:

Please list any which you have.

Skills:

Please list any relevant skill areas which you feel strong, adequate, or weak in.

Expectations:

What do you expect from this class, climb, or other event? Why are you taking it and what are your goals/interests?

My signature below indicates that I have filled this sheet out as completely as possible and that no chronic, current, or known potential health problems have been omitted.

Signature: _____ Date: _____