

REGISTRATION FORM
WILD HAWAI'I LEARNING ADVENTURES
YOUTH PARTICIPANT
(18 YEARS OF AGE AND UNDER)

PLEASE COMPLETE BOTH SIDES OF THIS FORM LEGIBLY AND IN INK

Group Name: _____ Program Dates: _____

Participant's Name (please print): _____

Age: _____ Birthdate: ____/____/____ Sex: Female Male

Address (include city and zip): _____

Email Address: _____

Day Phone: (____) _____ Evening Phone: (____) _____

Emergency Contact Name: (1) _____ Relationship: _____

Day Phone: (____) _____ Evening Phone: (____) _____ Pager: (____) _____

Emergency Contact Name: (2) _____ Relationship: _____

Day Phone: (____) _____ Evening Phone: (____) _____ Pager: (____) _____

HEALTH HISTORY:

(Give approximate dates)

_____ Bleeding/Clotting Disorders
_____ Convulsions
_____ Diabetes
_____ Ear Infections
_____ Heart Defects/Hypertension
_____ Psychiatric Treatment
_____ Epilepsy
_____ Immuno-compromised

Allergies:

_____ Asthma
_____ Hay Fever
_____ Insect Stings
_____ (If yes, medication must be carried)
_____ Poison Oak
_____ Penicillin
_____ Food (Please specify)
_____ Iodine
_____ Other (Please list)

Diseases:

_____ Chicken Pox
_____ Measles
_____ Mumps
_____ Other (Please list)

Date of last Tetanus Toxoid Injection: ____/____/____

HEALTH QUESTIONNAIRE:

Is the participant taking any medications? If so, please describe. (Send with instructions & permission to administer.)

Is participant capable of participating in a 5 mile hike?
Are there any limits of physical activity? Please describe.

List any dietary restrictions:

Vegetarian? Vegan? Do you eat fish?

Name of Physician: _____

Physician's Telephone: (____) _____

Does participant carry any medical insurance? If so, indicate:

Carrier: _____

Policy #: _____