



Ropes Course and Aquadrop

Emergency Contact and Medical Form

Name of Participant: _____

Telephone #: _____

Date of Birth(for all participants): _____

Address: (street) _____ (city) _____

(prov.) _____ (postal code) _____

Emergency Contact: Name: _____

Relationship to Participant: _____

Emergency Contact Telephone #: _____

Please state any known allergies, medical conditions or medications you are taking that would affect your participation on the ropes course or Aquadrop.

Signature: _____