



BRECKENRIDGE  
OUTDOOR  
EDUCATION  
CENTER

## Participant Application / Medical Form

**Participant:**

First \_\_\_\_\_ Last \_\_\_\_\_

**Disability:** \_\_\_\_\_ **Date of Onset:** \_\_\_\_\_

Special Considerations: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

**Parent/Guardian:** First \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ **Mobile #** \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

**Local Contact Information:**

Lodging \_\_\_\_\_ Reservation Name: \_\_\_\_\_

RM#/Suite \_\_\_\_\_ Phone# \_\_\_\_\_

**Medical History**

If you have any of the following conditions, please circle the number and give details at the end of the section.

1. Any Problems with vision or hearing, require glasses, hearing aid
2. Dizzy spells, fainting, convulsions, chronic headaches
3. Chronic cough, bronchitis
4. Asthma or respiratory problems
5. Palpation of the heart, irregular heartbeat, heart murmurs
6. Jaundice or Hepatitis
7. Kidney infection or stones
8. Broken bones, joint dislocations, serious sprains
9. Any severe injury to head, chest, internal organs
10. Chronic skin problems (rash-infection)
11. Reaction to extreme temperatures, frostbite, severe sunburn
12. Allergy to medications, foods, insect bites, bees, etc.
13. History of diabetes, thyroid issues, bleeding
14. Incontinence
15. Any medications for diabetes, seizure, or bleeding thinning

Please provide details for items circled above:

**Insurance**

Insured: YES \_\_\_\_ NO \_\_\_\_ Health Care Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_

**Medications** (please list all)

1. \_\_\_\_\_ For \_\_\_\_\_

2. \_\_\_\_\_ For \_\_\_\_\_

3. \_\_\_\_\_ For \_\_\_\_\_

**Allergies:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Seizure Disorder? Yes \_\_\_\_ No \_\_\_\_ Type \_\_\_\_\_

If yes, date of last seizure? \_\_\_\_\_

Within the last year have you had any *illnesses, injuries* or *surgeries*? Yes \_\_\_\_ No \_\_\_\_

If yes, please **list** and **explain** \_\_\_\_\_

**Additional Information** (please check all that apply)

- Memory Loss
- Non-Verbal
- Sensory Integration Disorder
- Poor Circulation
- Anxiety
- Vertigo
- Spasticity
- Poor Muscle Tone
- Limited Range of Motion
- Rigidity
- Catheter/Leg Bag
- Diabetic

**Breckenridge Outdoor Education Center  
Acknowledgement of Pre-Existing Injury**

I, \_\_\_\_\_, acknowledge that I am skiing with a pre-existing condition of \_\_\_\_\_.

I realize that there are inherent risks involved in adaptive skiing and will not hold the BOEC responsible for any injury.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_