



Outdoor Adventure Connection

Adventure Application & Medical Information

Please Print. Return Form Promptly.

Name:		
Address:		
City:	State:	Zip:
Phone: (Cell)	Phone: (Alt)	
Email Address:		
Emergency Contact: Name, relation & phone		
Age:	<input type="checkbox"/> 0-17 <input type="checkbox"/> 18-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 56-65 <input type="checkbox"/> 66-74 <input type="checkbox"/> 75+	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	Weight: Are you a smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No

Experience & Ability
Please explain your level of backpacking experience:
How would you describe your level of physical fitness?

Medical Information – All Information To Remain Confidential – Attach Additional Pages If Needed		
Yes	No	Asthma? If yes what triggers it?
Yes	No	Diabetes or difficulty maintaining blood sugar?
Yes	No	High Blood Pressure?
Yes	No	Heart Disease?
Yes	No	Back Problems?
Yes	No	Dislocations? If yes which joints?
Yes	No	Seizures? If yes date of last seizure: ___/___/___ How often do they occur?
Yes	No	Has a doctor or health care provider recently restricted your physical activity?
Yes	No	Allergies? (Medications, Insect Bites & Stings, Food) If yes list: What happens? Do you carry medication?
Yes	No	Do you have any other medical issues that would be important for us to know? If yes, explain:

I am aware of my general condition and affirm that I am fit to participate in Outdoor Adventure Connection activities and I have fully disclosed any relevant medical information on this form.	
Signature: _____	Date: _____
Print Name: _____	

Return via email to: andy@outdooradventureconnection.com or mail to OAC, 650 Renolda Woods Ct, Dayton, OH 45429