

**Registration Form**  
**Eagle's Nest Adventure Center**  
**Lutherdale**

NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

ORGANIZATION \_\_\_\_\_ DATE \_\_\_\_\_

Read Carefully Before Signing:

I, the applicant (and parent or guardian of participant under eighteen) declare that:

1. The applicant agrees to abide by the rules and regulations imposed on participants by the camp and its staff.
2. The applicant understands and appreciates that there are a number of inherent risks involved in the activity which are beyond the control of the camp or its staff and agrees to personally assume such risks.
3. The applicant understands that every care and attention will be given to the health and comfort of the participants, but the camp and/or leadership staff cannot be held liable for any injuries sustained which were not directly caused by their failure to take due care.

I hereby authorize the leader of the event to secure such medical advice and services as may be deemed necessary for the health and safety of myself (or my daughter/son/ward) and I agree to accept financial responsibility in excess of the benefits allowed by provincial health insurance plans:

1. Where the health and well-being of the applicant is involved;
2. Where medical advice has been such that further services are required—services which require the consent of the parents or guardian;
3. Where all attempts to contact the parent or guardian have failed or where due to the nature of the emergency there is insufficient time to contact such parent or guardian.

It shall be at the discretion of the leader of the event as to what steps must be taken for the welfare and safety of the applicant.

**SIGNATURE OF PARTICIPANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

(Parent or guardian of applicant if under "18")

**Over**  
→

**Statement of Health Form  
Eagle's Nest Adventure Center  
Lutherdale**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

AGE \_\_\_\_\_ SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

ADDRESS \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HEALTH HISTORY (describe condition/treatment where possible)

I, the applicant (and parent or guardian of participant under eighteen) declare that:

1. Allergies (insect stings, drugs, etc.) \_\_\_\_\_  
\_\_\_\_\_
2. Conditions requiring medication (diabetes, epilepsy, etc.) \_\_\_\_\_  
\_\_\_\_\_
3. Have you ever had a heart condition or problems? \_\_\_\_\_  
\_\_\_\_\_
4. Recent injuries, illnesses, operations \_\_\_\_\_  
\_\_\_\_\_
5. Other physical disabilities or chronic conditions (back pain, etc.) \_\_\_\_\_  
\_\_\_\_\_
6. Emotional or behavioral disorders (phobias, etc.) \_\_\_\_\_  
\_\_\_\_\_

I, the applicant (parent or guardian of minor applicant) assume full responsibility for the applicant's health being such that the activities will in no way aggravate any conditions present. If in doubt, medical advice will be sought and followed. Lutherdale will be notified of any changes in the applicant's health status prior to participation on the Adventure Course.

I declare the statement on this form to be true.

**SIGNATURE OF PARTICIPANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

(Parent or guardian of applicant if under "18")

**Over**

