



14 Freeman Woods Rd. Essex Junction, VT 05452
802-316-3300 www.northernlightsvt.com

Participants Name(Please Print): _____

Organization: _____

Age: _____

Do you have an pre-existing medical conditions? Yes No

If yes, please describe:

Are you taking an prescription or non-prescription medication? Yes No

If yes, what are they and what are they for:

Do you have any heart conditions? Yes No

Do you have high blood pressure? Yes No

Do you have a disability? Yes No

If yes, please indicate the functional implications and any concerns about participation:

Are you currently pregnant? Yes No

Describe your fitness level?

High
 Average
 Low

In case of emergency:

Contact name: _____

Emergency Contact Phone #: _____

Participant/Parent/Guardian - please read and sign

I have honestly disclosed to the staff any medical, psychological, or personal information relating to my health. I will remember that I have the option not to participate in any of the activities and should not feel pressured to participate.

Signature

Date