



CHALLENGE PROGRAM - THE UNIVERSITY OF ARIZONA – 4-H High Ropes Course

HEALTH STATEMENT

University of Arizona, 4-H High Ropes Course Challenge Program

This form must be reviewed, verified and approved by the participant's Parent or Guardian if participant is under 18 years of age. (The 4-H High Ropes Course is a program of 4-H Youth Development, College of Agriculture and Life Sciences at The University of Arizona, and shall hereinafter be referred to as 4-HRC)

Organizing Agency or Group: _____ **Date of program:** _____

Participant's Legal Name: _____

Preferred Name: _____ **Phone:** _____

Address: _____

Email: _____ **Age:** _____ **Date of birth:** M ___/D ___/Y ___

Emergency Contact: _____ **Phone:** _____

Do you have any known physical or medical conditions which could limit your participation or physical activity (such as asthma, phobias, diabetes, heart disease, recent surgeries, injuries, pregnancy, etc.)?

List conditions and limits to activity: _____

List all medications taken that could impact your ability to engage in the activity:

List known allergies and reaction:

____ By initialing here, I agree to bring any emergency medications I have been prescribed with me to the program. This includes medication such as inhalers, epinephrine or medication for heart conditions.

Please list medication below: Any additional relevant medical/physical information:

