

PERSONAL INFORMATION

The information on this form is not part of the participant acceptance process. Any changes to the information provided herein should be provided to Maine Bound prior to the program, course, or activity for which the participant has registered. Please provide complete information so that Maine Bound can be aware of your needs.

Full Name:		Preferred Name:	
Gender Identity Pronouns (<i>ex. she/he/they/other</i>):		Sex (<i>needed in case of medical treatment</i>):	
Student ID Number:		Phone Number:	
Full Mailing Address:		Email Address (<i>UMaine address preferred</i>):	
Age:	Height (<i>inches</i>):	Weight (<i>pounds</i>):	

EMERGENCY CONTACT INFORMATION

Name:	Relationship:
Phone Number:	Secondary Phone Number:
Full Mailing Address:	Email Address:

INSURANCE INFORMATION

Participants must be covered by their own medical or accident insurance. The University of Maine, Campus Recreation, and Maine Bound Adventure Center do not provide medical or accident insurance during programs.

Primary Health Care Provider:	Phone Number:
Insurance Provider:	Policy/Group Number:

MEDICATIONS

Medications (<i>oral, vitamins, topical, inhalers, etc.</i>)	Reason Taken	Dosage/Frequency

MEDICAL INFORMATION

Allergies	Yes/ No	Please List
Are you allergic to any medications?		
Are you allergic to any foods?		
Are you allergic to any plants, insects, other?		

If **YES**, please describe your reaction: _____

Are you bringing an Epi-Pen? _____

Please list any dietary restrictions, intolerances, or food preferences (*ex. dairy free, vegetation, gluten free*).

What is your current level of physical activity? Please list activity, frequency, and intensity.

GENERAL MEDICAL HISTORY

Do you currently or have you ever had the following:

Indicate Yes or No

Date

A. Frequent dizziness, fainting, severe headaches/migraines		
B. Concussion or severe head injury		
C. Seizures/epilepsy or stroke		
D. Impairment of sight, hearing, or speech		
E. Heart murmur, chest pain, high/low blood pressure, or other cardiac problems		
F. Respiratory problems or shortness of breath		
G. Bleeding or blood disorders		
H. Diabetes		
I. Are you pregnant?		
J. Gastrointestinal disturbances, chronic diarrhea, ulcer		
K. History of frostbite, Raynaud's Syndrome, hypothermia, heat exhaustion, heatstroke		
L. Hernia		
M. Muscle, joint, or back pain		
N. Fractures, dislocations, sprain/strains, or other orthopedic issues (including orthopedic surgeries)		
O. Cancer		
P. Urinary or reproductive tract disorders		
Q. Other diseases or serious illnesses?		
R. Anxiety, depression, other mental illness or eating disorders		
S. ADD, ADHD, or other cognitive differences/disabilities		
T. Treatment or counseling with a mental health professional		
U. Physical disabilities, or any other needed accommodations		
V. Have you been hospitalized in the last two years?		

Provide details for any questions in which you answered yes.

Maine Bound reserves the right to request a Physician's examination of any participant prior to any program.

My signature below indicates a desire on my part to participate in a Maine Bound program or activity. I fully understand the rigorous nature of a Maine Bound program. In the event of an emergency, permission is given for any medical treatment which might become necessary.

Participant Signature: _____ Date: _____

Parent/Guardian (If under age 18): _____ Date: _____