# Footprint Adventures Inc.
# Adventure Seekers
# Application


| Last Name: | First Name: | | Middle Initial: |
|---|---|---|---|
| Preferred Name: | Sex: Gender Height: | Weight: | Shoe Size: |
| Cell #: | Home #: | | |
| Email Address: | Occupation: | | |
| Address: | | | |
| City: | Province: | | Postal Code: |
| BC Health Number: | Date of Birth: | | |
| Private Insurance: | Private Insurer: | | |

## Past Medical History

| Allergies | Cardiac | Surgery |
|---|---|---|
| ☐ None<br>☐ Unknown<br>Medical Allergies:<br>E.g. Bees, Food, Medications.<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ | ☐ None<br>☐ Unknown<br>☐ Angina<br>☐ Arrhythmia<br>☐ Cardiomyopathy<br>☐ CHF<br>☐ Congenital<br>☐ Implanted Defib<br>☐ MI<br>Other_____ | ☐ None<br>☐ Unknown<br>☐ Abdominal<br>☐ Heart<br>☐ Lung<br>☐ Neurological<br>Other_____<br>_____<br>_____<br>_____ |

### Chronic Illnesses

| | | |
|---|---|---|
| ☐ None<br>☐ Asthma<br>☐ Bleeding Disorder<br>☐ Cancer<br>☐ COPD<br>☐ CVA / TIA<br>☐ Diabetic | ☐ Dialysis/Renal<br>☐ Gastrointestinal<br>☐ Headaches<br>☐ Hepatitis<br>☐ HIV +<br>☐ Hypertension<br>☐ Paralysis | ☐ Psychological<br>☐ Seizures<br>☐ Substance Abuse<br>☐ TB<br>☐ Unknown<br>Other_____<br>_____ |

### Current Medications

☐ None ☐ Unknown _____
_____

### Previous Sporting Injuries or Operations

☐ None
Please Explain:_____

Do you have current First Aid / CPR training?

Level: Expiry Date:

### Additional Information.

Please provide any additional information regarding your health that might be important including, but not limited to, lower back or knee problems and fears and phobias (heights, claustrophobia etc.)_____

## Emergency Contact Information

| Emergency Contact: | Emergency Contact #: |
|---|---|
| Emergency Contact Relationship: | Alternate Contact #: |

**I certify that the information provided is true to the best of my knowledge.**

**Signature:** _____ **Date:** _____

Submit