

It is very important to carefully complete the following information.

Do you have or have had any level of physical limitations? (loss of hearing, diabetes, asthma, epilepsy, back trouble, etc. ?)			
YES NO			
If yes explain _____			
Do you consider yourself allergic to anything?		YES NO	Are you allergic to any medications?
			YES NO
If yes, explain _____			
Are you currently taking any kind of medications (prescribed or other)?		YES NO	
If yes, explain _____			
Have you had any serious injuries or illnesses in the past that we need to be aware of?		YES NO	
If yes, explain _____			
Do you have health insurance?	YES NO	Company _____	Policy Number _____

In case of emergency, please notify: (List 2 different contacts)

1. Name	Relationship	Phone
Address	City	State Zip
2. Name	Relationship	Phone
Address	City	State Zip

General Information:

Do you have any of the following?

CPR Certification	Expiration Date	Red Cross?	YES
NO			
First Aid Certification	Expiration Date	Red Cross?	YES
NO			
Lifeguard Certification	Expiration Date	Red Cross?	YES
NO			
<u>WSI, LGI, or Other Certifications</u>			
Challenge Course Facilitation Certification	YES	NO	

Authorization:

I hereby certify that the statements contained in this application are true and correct to the best of my knowledge, and understand that, if employed, false statements made by me are grounds for dismissal. I also herewith authorize investigation of the statements contained in this application and subsequent interview if any. I hereby authorize the previous employers and references to disclose any information concerning my previous employment and any other information they may have, and hereby release them from any liability or damage that may result from utilization of that information.

Signature _____ Date _____

Parent's signature (if applicant is less than 18 years of age)

Signature _____ Date _____