

## REGISTRATION FORM

The information you obtain from using a registration form will help you and your staff identify risks, hazards, and special requirements of participants during a trip/event. Obtaining information helps you know what to expect so you can anticipate possible risks and implement management procedures to minimize those risks. Additionally, you will have more information available to help handle the unexpected.

Another benefit of using registration forms is that information gathered on the form helps you store personal data for each participant that can be helpful in an emergency. Be alert to individuals with known health problems that could potentially be a threat to themselves or other participants. It may be necessary for individuals with known health problems to obtain a physician's consent to participate in the activity. Do not collect the registration form just to retain information, use the information! Be aware that if you have obtained information and do not use it that it could present a larger risk in the event of an injury/accident.

Gathering registration information is not going to be practical in all situations. Above all, it is important that you receive adequate information from participants for the respective activity. You may use a registration form in conjunction with liability release or rental forms; however, the registration form should be kept separate from the other forms.

**In general, registration forms for activities should include the following:**

- Participant Contact Information
- Emergency Contact Information
- Age & Birthday
- Medical History
- Other personal information relevant to the activity
- Personal Medical Insurance Information
- Signature and Date

### Sample Registration Form

Name: Last	First	Middle	Home Phone	Work Phone
Physical Address:	City	State	Zip	Email Address
Emergency Contact:	Name	Relationship	Phone Number	Date of Birth
Do you have any medical conditions? If yes, please explain.				
Do you take any medication? If yes, please specify.		Do you carry medical insurance? If yes, please list provider and policy number.		
Do you have any dietary restrictions? If yes, please specify.		Do you have allergies? If yes, please specify.		
Do you have any physical restrictions? If yes, please specify.				
I understand and acknowledge that my failure to disclose relevant information may result in harm to myself and to others. I certify that the above information is accurate and true to the best of my knowledge.				
_____	_____	_____	_____	_____
Print Name	Signature		Date	