

[upload photo option]	<p><b>Health Disclosure:</b> Apocalypse Strong courses and activities involve a number of physical actions and mental processes. These activities are created to be within the limits of a person in reasonably good health. The level of participation in all activities is always up to the participant. Safety is a high priority. In addition, each participant must assume the risk that he/she may incur injury, disability, and/or death. The information requested on this form is intended to help alert our staff to pre-existing medical conditions and be an aid for trained medical staff if needed for outside treatment. Misinformation could have a negative impact on the participant's health and safety. All information disclosed in this form is confidential unless needed to be shared with medical professionals for treatment. Please complete this form in its entirety to complete enrollment.</p> <p><b>We strongly recommend consulting your physician if you check any of the conditions below before participating.</b></p>
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**Description**

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Medical Information	Yes	No	If yes, please explain.
Allergies			
Asthma			
Diabetes			
Dietary Restrictions			
Disabilities			
Injuries			
Medications			
Pregnant			
Other			

Medical History	Yes	No	If yes, please explain.
Blood pressure: High/Low			
Chest pain			
Fainting			
Heart attack			
Heart disease			
Palpitations			
Seizures			
Stroke			
Surgeries			
Other			

<b>Medical Insurance</b>	<b>If yes, complete below.</b>
Name: _____	Address: _____
Phone: _____	

**Emergency Contact Information**

Name: _____		Relationship: _____	
Address: _____			
Phone(s)	Cell: _____	Work: _____	Home: _____
Email(s)	Work: _____	Personal: _____	