



DURHAM OUTDOORS CLUB
Participant Information Form

Personal Information

First Name:

Last Name:

Date of Birth:

Sex:

Height:

Weight:

Home Phone:

Alternate Phone:

Home Address:

City:

Province:

Postal Code:

Emergency Contact Information

Contact Name #1:

Contact Name #2:

Relationship:

Relationship:

Home Phone:

Home Phone:

Alternate Phone:

Alternate Phone:

Email Address:

Email Address:

Medical Information

Family Doctor:

Family Doctor Phone:

Medical insurance information (optional):

List any allergies (food, medicine, environmental, etc):

List any medical conditions or pertinent injuries:

List any pertinent medications with dosage and location (i.e., kept in your gear or on your person):

Level of physical fitness: Endurance Athlete | Daily Exercise | Semi-Weekly Exercise | Other

Do you wear contact lenses: