

Northwest Wilderness Institute, LLC.

Trust.

Balance.

Teamwork.

Adventure.

Medical Information:

Participant Name: _____

Date of Birth: _____

Address: _____

City _____ State: _____ Zip: _____

Emergency Contact: _____ Ph: _____

Allergies: *(please include foods, medications and/or biological)*

Medications:

Restricting Conditions:

(please list previous injuries and current conditions that may affect or limit activity.)

Is there anything we can know that will help your child have the best experience possible?
