

Please print out the following Course Registration Form and Health Form, complete the information requested, then mail them along with your deposit or registration fee
(checks made payable to Northwest Connections) to:

Northwest Connections
P.O. Box 1309
Swan Valley, MT 59826

Northwest Connections

Course Registration Form

Name: _____

Current Address: _____

Permanent Address (if different from above): _____

Phone Number (home): _____ (work): _____

Email Address: _____ Amount enclosed: _____

How did you find out about this course? _____

Dietary preferences - we can accommodate almost any dietary needs. Please let us know about any food allergies, dietary requirements, or things you just can't live without for a week:

Course title and course date that you are registering for:

Course: _____ Date: _____

Northwest Connections Health Form

Name of participant: _____

1) Have you ever had any of the following medical problems? Please circle the appropriate response. If "yes" please provide any pertinent information about the condition in an attached memo.

Epilepsy/seizures	Yes	No
Asthma or other respiratory disorders	Yes	No
Diabetes	Yes	No
Heart Disease	Yes	No
Fainting episodes	Yes	No
Bleeding disorders	Yes	No
Eating disorders	Yes	No

2) Do you have any allergies? Yes No

If yes, to what substances? _____

What treatment do you require for an allergic reaction? _____

3) Have you had any surgery in the past year? Yes No

If yes, describe the reason for the surgery and the outcome: _____

4) Have you been hospitalized in the past year? Yes No

If yes, describe the reason for the hospitalization and the outcome: _____

5) Are any medications prescribed for you? Yes No

If yes, give the name of the medication and the reason for its prescription:

What time(s) of the day and under what circumstances do you take this medication?

6) If you are female, are you known to be pregnant at present? Yes No NA

7) Are there any other physical or psychological conditions that might limit or affect your participation during this trip? Yes No

If yes, explain: _____

8) What year was your last Tetanus booster shot? _____

If not within eight years, we **require** that you get a booster and provide documentation for our files.

9) In the event of an emergency, the following information will help us provide you with needed care: Your medical insurance provider is _____

Policy # _____

If there is an emergency, whom should we contact?

Name _____ Relationship _____

Address _____

Phone: (Day) _____ (Night) _____

Signature _____ Date _____

Parent/Guardian Signature (if under the age of 18) _____