

Team Leadership Center, Inc.
Participant Health Form

The information that is being requested will provide you with the proper care while at the Team Leadership Center.

All information will remain confidential

Name _____ Age _____

Address _____ Phone _____

City _____ State _____ Zip _____

Email _____

In case of emergency, notify _____ Phone _____

Allergies _____

Height _____ Weight _____

Medications currently taken _____

Do you currently have any of the following medical conditions? Check if yes✓

Pregnancy _____ Heart Condition _____ Diabetes _____

Asthma _____ Current Sprains _____ Current Breaks _____

Other _____

Explain briefly any conditions that are checked (except pregnancy):

Any other medical conditions which may affect your participation in any physical activity?

Your signature indicates that the information provided is accurate and current.

Signature (under 18 yrs. of age – Guardian)

Date