

TEEN BADMINTON CLUB – Medical / Consent Form – TBC Leadership Hiking / Camping Trip

Trip Dates: _____ **Location:** Keene Farm, 1093 Styles Brook Rd, Keene, NY, USA
Name: _____ **Birth date (YY/MM/DD):** _____ **Age on Departure:** _____
Address: _____ **Emergency Phone #** _____ **Contact Name:** _____
Passport (PPT) Nationality: _____ **PPT Expiration Date:** _____ **PPT Number:** _____

Travel Health Insurance (If you do not have, leave blank. TBC will provide) **Certificate #** _____
Provider: _____ **Phone #** _____ **Expiration:** _____

PLEASE ANSWER YES/NO TO THE FOLLOWING QUESTIONS. IF YES, specify the details to your answer:

- 1) Do you have any medication or food allergies?
- 2) Do you have any particular dietary needs?
- 3) Do you have any allergies that require you to carry an EpiPen?
- 4) Has a medical doctor ever diagnosed you with a chronic illness?
- 5) Do you currently take any medication for the above-mentioned chronic illness?
- 6) Do you suffer from a mental/psychological condition, and if yes, are you followed by a Dr for this and have you ever been treated in hospital for this condition?
- 7) Are you taking any prescribed medications with you on the trip? If yes, specify name & dosage.
- 8) Do you suffer from any serious mobility issues? (eg. Joint, knee, foot, hip or back pain)
- 9) Do you have any Hiking or Camping experience? If so, please specify.
- 10) I hereby certify that, to the best of my knowledge, this medical form is complete in all of its details. I authorize Teen Badminton Club to communicate this info to all guides of the trip, and to relevant health authorities in case of an emergency. Furthermore, should it be necessary for me to return home due to medical reasons, I assume all transportation costs if not covered by the travel health insurance. I consent to going on this trip and understand and undertake the risks associated with this trip as my own and will not hold the Teen Badminton Club, the guides or Nicholas Sinoyannis responsible for any damages or losses incurred as part of my participation.

Participant Name: _____ Signature: _____ Date: _____

Guardian Name (if <18): _____ Signature: _____ Date: _____