



2024 MOUNTAIN CONQUERORS³ ADVENTURE CAMP MEDICAL RELEASE FORM

All Mountain Conquerors³ Adventure Camp participants must have this form completed by a licensed Physician and **returned not later than Monday, July 22nd**. Parent/Guardian, if your teen is accepted you will be contacted and the Teens Health & Personal History questionnaire will be given back to you, attach the questionnaire to this medical release form before the physical so the Dr. can view it)

A medical release is required for all participants.

Note to Physician performing camp physical.

Mountain Conquerors³ is an adventure camp for teen males. The purpose of the camp is to provide an opportunity and atmosphere for teens to grow in their understanding of their self-identity, worth, potential, and responsibility. Mountain Conquerors³ is spent backpacking in the White Mountain wilderness for 5 days. The terrain makes foot travel very physical and has elevation gains of 4000' within approximately 5.2 miles. It involves hiking with a full backpack (approx. 35-50 lbs) for five days/4 nights on rugged unpredictable terrain for long periods of time (8-12hr/day) and up to 15 miles of travel in a day. The participants may have the opportunity to swim in a mountain pond and/or creek. ***All the activities will take place outdoors and are physically and mentally demanding.***

Attached is a preliminary participant's health and personal history form that has been completed by the participant's parents/guardians to assist you in your exam.

Student's Name: First _____ Last _____

Age _____

Parents/Guardian Name: First _____ Last _____

The information below is to be completed by the licensed physician conducting the physical

The above-named student has been examined in my office. In addition, the health history & immunization records have been reviewed and the above-named student's immunizations are up to date. I certify that he is in good health and that there are no medial reasons that would place this student at risk while participating in the athletic activities that are part of the Mountain Conquerors³ Adventure Camp.

Print Physician's Name _____

Physicians Office Phone () _____

Physicians Office name and address _____

Date of Physical _____ / _____ / _____

Physician's Signature _____