

Partners In Adventure

Inclusive Camps, Social / Recreational Opportunities for people with disabilities and friends



2025 Partners In Adventure Health Form

Please have the following filled out by a physician:

Name _____

Problem list if any _____

Allergies _____

To my knowledge there is no reason why this person cannot participate in supervised camp activities, including horseback riding, swimming and boating, downhill skiing, snowboarding, ice fishing, etc (All programs are available as adaptive programs for people with disabilities if needed.)

Restrictions _____

Physician's name (please print) _____

Physician's signature _____

Address _____ City _____ State _____ Zip _____

Phone _____ Date _____