

Bryce Canyon Mule Days

Participant Registration and Emergency Contact Form

(Please print clearly.)

Guest Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Email: _____

In Case of Emergency

Emergency Contact Name: _____

Phone: (____) _____

Relationship to Participant: _____

Medical Information

Do you have any medical conditions we should know about? ☐ Yes ☐ No

If yes, please explain:

Do you have any allergies? ☐ Yes ☐ No

If yes, please explain:

Are you currently taking any medications we should know about? ☐ Yes ☐ No

Please list any medications paramedics should be notified about:

Acknowledgment

Participant Signature: _____

Date (MM/DD/YYYY): _____