REGISTRATION FORM

Title of climb/course:			
Date(s) of climb/course:			
. ,			
Address:		City:	
State:		7in code:	
State:		Emeile	
Phone:		Emaii:	*** * 1 .
Date of birth:	Height:		Weight:
Emergency contact:		Relationship:	
Phone number:		Email:	
Previous experience w/ activi	ity:		
Trevieus emperientes, ueux.	<u> </u>		
General level of physical fitne	ecc.		
General level of physical fluid			
Desired Coalse			
Desired Goals:			
	MEDICAL INFO	RMATION	
Our adventures require participants to have a high level of physical fitness and overall health.			
Please answer the following questions to the best of your ability.			
Please list any accidents, injuries, or illnesses you have had in the past:			
Have you ever had frostbite or any other cold injury? If yes, please describe:			
Thave you ever had nostblee of any other cold injury? If yes, please describe.			
			
Do you have any allergies (food, environmental, and/or medicine)? If yes, please describe:			
Do you have any dietary res	trictions? If ves. pleas	e describe:	
y			
Do you have any pre-existing	medical conditions no	t mentioned abo	ve? If was place describe:
Do you have any pre-existing	g medical conditions no	i menuoneu abo	ve? If yes, please describe.
By signing below, you ack	nowledge that your s	tatements are tr	rue and you understand the
physical requirements for you		uro u	Joa anaerotana tile
physical requirements for you	1 u.p.		
Deline J. N			
Printed Name:			
Signature:			Date: