

## REGISTRATION FORM

Name: \_\_\_\_\_  
Title of climb/course: \_\_\_\_\_  
Date(s) of climb/course: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Previous experience w/ activity: \_\_\_\_\_  
\_\_\_\_\_

General level of physical fitness: \_\_\_\_\_  
\_\_\_\_\_

Desired Goals: \_\_\_\_\_  
\_\_\_\_\_

## MEDICAL INFORMATION

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:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies (food, environmental, and/or medicine)? If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any dietary restrictions? If yes, please describe:

\_\_\_\_\_

Do you have any pre-existing medical conditions not mentioned above? If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

By signing below, you acknowledge that your statements are true and you understand the physical requirements for your trip.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_