



## Registration Form

Please note that many of our programs take place in remote settings, where rescue may be difficult and definitive medical care can be far away. We use the information on this form to help us be sure that you have signed up for an appropriate trip with respect to your experience and ability level; and to aid us should a problem arise. In addition to filling out this form completely, we ask that you speak with one of our staff to help match your goals, physical conditioning, and experience to a trip which is appropriate for you. For some trips, you may be asked to consult a physician. Thank you for taking the time to provide us with complete information.

### PERSONAL INFORMATION:

Your Name	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Trip Name	<input type="text"/>
Departure Date	<input type="text"/>
Home Phone	<input type="text"/>
Work Phone	<input type="text"/>
Cell Phone	<input type="text"/>
E Mail Address	<input type="text"/>
Emergency Contact and Phone	<input type="text"/>
Birthdate	<input type="text"/>
Height and Weight	<input type="text"/>

Do you have, or have you had, within the past 5 years any medical conditions, allergies, or injuries? Please explain your history, limitations, and restrictions due to the condition(s)

If meals are provided on your trip, do you have any special dietary requests?

Please describe your experience in rock climbing and mountaineering.

What are your goals for this trip?

Describe your physical conditioning program?

Shoe Size, Height & Weight?