



# Registration/ Pre-Course Health Information



<b>REGISTRATION</b>	
Trip/ Course Name: _____ Trip/ Course Date(s): _____	
<b>PARTICIPANT</b>	
Name _____ Email _____	
Phone # (_____) _____ Age _____ Gender _____ Height _____ Weight _____	
<b>EMERGENCY CONTACT</b>	<b>Health Insurance-</b> Each participant is responsible for any medical expenses and should be covered by their own illness and accident insurance.  <b>DO YOU HAVE MEDICAL INSURANCE?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name _____ Relationship _____ Phone # (_____) _____ Email _____	
<b>EXPEDITION INFORMATION-</b> Many of our trips are multi-day wilderness expeditions, operating in remote areas where evacuation to modern medical facilities may take days. Weather conditions can be extreme with temperatures ranging from below freezing to over +100° F (+38° C). Prolonged storms, high winds, intense sunlight, rain, snow, sudden immersion in cold water and/or high seas and other hostile environmental conditions are possible. Depending on the specific type of course, you may carry a heavy pack on uneven terrain at altitudes up to 14,000 feet, paddle sea kayaks or paddle crafts, or other forms of wilderness travel. While participating in a trip, you will sleep outdoors, experience long hard days, will prepare meals and set up camp. You'll be expected to take good care of yourself in the outdoors.	

**Allergies** (Including allergies to medicines, foods, insect bites/stings, etc.) NONE  or...

Allergy	Reaction	Medication Required (if any)

**Current Medications** (Including psychiatric medication, over-the-counter medication, inhalers, etc.) NONE  or...

Medication	Taken For: (Symptom/Condition)	Dosage	Date Started	Current Side Effects

**Health Profile** Please describe any physical/ mental/ medical conditions (including current pregnancy, etc.) or medical history that might affect your participation. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Trips-** If you are participating in one of our trip offerings, please answer the following:
- Do you have any dietary restrictions? (vegetarian, vegan, gluten free, diabetic, allergies, etc.) Yes  No   
If yes please describe \_\_\_\_\_
  - Do you have a tent? Yes  No  N/A  If yes, do you have tent space to share? No  Yes  how many? \_\_\_\_\_

I have accurately answered all of the previous questions and I understand that failure to disclose such information could result in serious harm to me and my fellow participants. I also understand the risks of participating with any current medical conditions. It is my responsibility to ensure that I am able to physically participate in the program offering. If I have any questions, I will consult a physician.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature / Parent or Legal Guardian Signature (if Participant is under 18) Date