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Trip Application One application per person

Trip Name: _____ Trip Date: _____

Customer Information

Name: _____ Preferred Name: _____

Age: _____ Height: _____ Weight: _____ Gender: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ E-mail: _____

Emergency Contact

Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

E-mail: _____ Best Contact Method: _____

Foreign Trips

Passport Number: _____ Expiration Date: _____ Issuing Authority: _____

Medical History Do you have, or had, within the past three years, any of the following conditions?

Condition	Yes	No	Explain
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Anaphylaxis/Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	
Altitude Illness	<input type="checkbox"/>	<input type="checkbox"/>	
Are you taking prescription meds?	<input type="checkbox"/>	<input type="checkbox"/>	
Women: Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	

Do you have any other medical or physical conditions that might affect your ability to participate in the trip?

Summarize your experience related to this trip.

Summarize your exercise schedule and fitness level.

Rentals Will you be renting gear? If so, what gear?

All of the above is true to the best of my knowledge.

Signature: _____ Printed Name: _____ Date: _____

Parent or guardian signature if participant is under 18: _____ Date: _____