

Outdoor Adventure Trip Registration Form

PARTICIPANT INFORMATION

Name of Trip _____

Participant Name: _____ UIN #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: __ (____) _____ Cell Phone: __ (____) _____

Age: _____ Year in School: _____ Email Address _____

Best way to contact you (please circle) Cell Phone Email

EMERGENCY CONTACT INFORMATION

Please indicate who should be contacted and their relationship to you (include both daytime and evening phone numbers):

Contact Name: _____ Relationship: _____

Day Phone: __ (____) _____ Evening Phone: __ (____) _____

Contact Name: _____ Relationship: _____

Day Phone: __ (____) _____ Evening Phone: __ (____) _____

MEDICAL HISTORY AND ADDITIONAL INFORMATION

1. Do you have any medical needs or health conditions that we should be aware of? YES NO

1a. If YES, please describe _____

2. Do you have any allergies (medicine, food, animals, plants, molds, etc.) YES NO

2a. If YES, please describe _____

3. Are you currently taking any medications? YES NO

3a. If YES, please describe _____

4. Do you have any dietary needs? Are you a vegan or vegetarian? _____

5. Do you have a fear of animals/ insects that you may encounter when camping? YES NO

5a. If YES, please describe _____

6. Do you have any past experience in this activity? YES NO

6a. If YES, please describe _____

THIS FORM MUST BE RETURNED TO THE TRIP LEADER IN ORDER TO PARTICIPATE IN THIS OUTDOOR TRIP