

# www.TraditionalMountaineering.org

## CLIMB AND SEMINAR PARTICIPANT INFORMATION FORM

### GROUP ROSTER INFORMATION:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

A group roster with the above information may be distributed to all participants.

### IN CASE OF EMERGENCY, CONTACT:

NAME: \_\_\_\_\_ Relationship \_\_\_\_\_  
PHONE: Day \_\_\_\_\_ Night \_\_\_\_\_ Cell \_\_\_\_\_

### MEDICAL INFORMATION:

The following are serious questions which require your special attention. Mountaineering trips may require your maximum physical exertion under conditions you may consider stressful and from which you cannot turn back without endangering yourself or your companions. Please be totally honest. Discuss any special conditions or questions with your leader.

Medical conditions: \_\_\_\_\_  
Medication required: \_\_\_\_\_  
I wish to discuss the above with the leader in private \_\_\_\_\_

### MEDICAL TRAINING:

Are you a doctor, nurse, EMT, etc.? \_\_\_\_\_  
Dates you have had Wilderness First Aid, and CPR training \_\_\_\_\_ WFR? \_\_\_\_\_

### CURRENT FITNESS LEVEL:

Please describe your current aerobic training program: \_\_\_\_\_  
\_\_\_\_\_

### MOUNTAINEERING AND BACKPACKING EXPERIENCE:

Basic \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_ Mountaineering Training? Where \_\_\_\_\_  
Ice axe belay/arrest training \_\_\_\_\_ Last time practiced \_\_\_\_\_  
Climbs made, trips taken: Past \_\_\_\_\_ Current \_\_\_\_\_ Over 10,000 feet?  
**See below. \*\*\***

### PERSONAL INFORMATION:

Age: \_\_\_\_\_  
Present occupation: \_\_\_\_\_  
Hobbies and interests: \_\_\_\_\_  
Mountaineering expectations: \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\* Use the reverse for your resume of current and past mountaineering, snow climbing, rock climbing, route finding, backpacking, wilderness camping and related experience.**