

2012 Trails Club Alpine Outing Participant Application

Bighorn Crags. Sign up for one session.

Session I (Aug. 5-12, 2012) Bill Kingsbury, leader _____

Session II (Aug. 12 -19, 2012) Gary Holman, leader _____

By applying for this outing, I agree to the following outing requirements for the Outing:

I will help with daily group camp chores.

I will camp with the group.

I will have a minimum of three people on the daily hikes or other activities.

Applicant Name: _____

Street Address: _____

City/State/ZIP: _____

Home Phone: _____ Work: _____ Cell: _____

E-Mail: _____ DOB: _____

Membership Status: Member FWOC Member Non Member

Emergency Contact:

Name: _____ Relationship: _____

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

Phone number(s) _____

Experience as relates to this outing. Please list training and experience such as other outings attended, current fitness program. Attach an additional page if necessary.

Medical or physical condition leader should be aware of _____

Have you passed a recent First Aid Class? ___ When? _____ CPR Class? ___ When _____

Signature of applicant _____ Date _____

Signature of parent or guardian if applicant is under 18

_____ **Date** _____

2012 Trails Club Alpine Outing Participant Application

Bighorn Crags. Sign up for one session.

Session I (Aug. 5-12, 2012) Bill Kingsbury, leader _____

Session II (Aug. 12 -19, 2012) Gary Holman, leader _____

RECOGNITION OF RISKS

The Trails Club of Oregon was organized in 1915 and currently promotes the enjoyment of outdoor activities such as trail hiking, mountain and rock climbing, skiing, cycling, swimming, camping, and other similar activities involving the out-of-doors. While the club has had an excellent safety record, it is the responsibility of the Trails Club of Oregon to inform you that these activities, although peaceful in nature, can be dangerous and as such can cause severe injury and even death due to conditions and forces which we cannot predict. Having made you aware of these facts, the Trails Club of Oregon believes you must make your own decision regarding participation in these activities.

DECLARATION OF INTENT

I acknowledge that the Trails Club of Oregon has apprised me of the dangers and hazards, hidden or apparent, in the various activities it sponsors, as outlined above, and I elect to accept such risks and undertake these activities on my own responsibility. My signature below signifies I hereby, for myself, my heirs, and personal representatives, release and forever discharge the Trails Club of Oregon and its elected officers from any claims or demands for resultant injuries or even death, sustained by me, while participating in a Club sponsored event. Furthermore, I am financially responsible for the costs of any medical treatment or evacuations, requested by me or others on my behalf, should I become seriously ill or injured.

Applicant Information (Please Print)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Trails Club Member (Yes) or (No)

SIGNATURE _____ DATE _____

SIGNATURE of parent or guardian if applicant is under 18

_____ DATE _____

2012 Trails Club Alpine Outing Medical Form

Bighorn Crags. Sign up for one session.

Session I (Aug. 5-12, 2012) Bill Kingsbury, leader _____

Session II (Aug. 12 -19, 2012) Gary Holman, leader _____

(Please Print - This form will be kept confidential)

Outing: _____ Today's Date: _____

Name: _____ Date of birth: _____ Age: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Email: _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell/Pager: _____ Email: _____

Doctor's Name: _____

Clinic Name & Address: _____

Phone: _____ Fax: _____ Email: _____

Medical Insurance

Name: _____ Group/Policy#: _____

Address: _____

Phone: _____ Fax: _____

The following information is necessary before participation in this Trails Club Outing. It is essential to have this information in case of illness or accident.

1. Do you have any medical problems, issues or limitations? No ____ Yes ____

If yes, please explain:

2. Has a medical professional seen you for a medical condition in the past 12 months?

No ____ Yes ____

If yes, please explain:

3. List your current prescriptions, natural, and over the counter medication (aspirin & etc.) that you are now taking: (drug name, dosage and frequency)

4. Have you taken any medication in the past 6 months that is not listed in part 3?

No ____ Yes ____ Please list:

5. Allergies to food, medications, or the environment? No ____ Yes ____ Please list.

6. Current immunizations? No ____ Yes ____ Please list with date:

The Outing leader will keep a copy of this during the outing in case it is needed. Please keep a copy of this completed form with you at all times during the outing.

Signed: _____ **Date:** _____