

APPLICATION FOR TRAILS CLUB BACKPACK

Backpack Name: _____ Leader: _____

Participant Information

Name: _____ Age: _____

Address: _____
_____ Home Phone: _____
Cell Phone: _____

E-mail address: _____

Status: Trails Club Member ___ Other Outdoor Club ___ Non-member ___

Backpack Experience (abilities and experience related to this trip)

Physical condition / exercise program: Are you / will you be in shape for this backpack?

Medical or physical conditions leader should be aware of (this information will remain confidential):

Will you be certified in First Aid at the time of the backpack? Y / N Expiration? _____
Will you be certified in CPR at the time of the backpack? Y / N Expiration? _____

Date: _____