

Certified Guides Cooperative - CLIENT REGISTRATION FORM

Contact Information

Full Name _____

Address _____

City _____ State/Province _____

Country _____ Zip/Postal code _____

Email Address _____ Work Number _____

Mobile Number _____ Home Phone Number _____

Personal Information and Background

Date of Birth ____/____/____ Gender _____ Height _____ Weight _____

Emergency Contacts Name(s) _____

Emergency Contacts Number(s) _____

Occupation(Optional) _____

Physical Condition

Do you have any physical limitations or medical conditions that might restrict your full participation in this program? If yes please describe.

Do you have any known allergies to food, medications, bee stings, or other? If yes please describe. Please bring your medications on your program.

Do you have any specific dietary needs or concerns?

Physical Condition: What physical activity do you have during a normal week? What special things will you be doing to get ready for your program?

Outdoor Experience

Please Describe your outdoor and/or mountaineering experience, particularly as it is relevant to the program for which you are registering. This information will help your instructor and guide address your individual interests and goals as effectively as possible.

*Please attach additional pages if necessary