

Certified Guides Cooperative - Client Registration Form

Contact Information

First Name		Last Name	
Address			
City		State	
Country		Zip/Postal Code	
Cell Phone Number		Work Phone	
Home Phone		Email address	

Emergency Contact Information

Emergency Contact Name	Emergency Contact Phone Number

Personal Information and Background

Date of Birth	Gender	Height	Weight

Health and Medical Information

Physical Condition (Select One)

Excellent	Good	Fair	Poor

Outdoor Experience

Please briefly describe your climbing and/or skiing experience as it relates to your guided trip.

Medical Questions

Have you been ill or hospitalized in the last 6 months? If yes, please explain.

Medical History

Do you take any medications regularly? Please describe, if yes.

Medical Conditions (Select any that apply)

Anaphylaxis/Allergies	Asthma	Diabetes	Heart Disease	Seizures

If you checked any of the above conditions please respond to the next 4 questions.

How long have you had the above condition?

Is the condition under control?

Do you take any medications related to the condition?

If you have allergies, what are you allergic to?

Additional Medical Questions

Do you have any problems with your hearing or vision? Please describe, if yes.

Do you have any muscular or skeletal deficiencies or recent surgeries that might hinder your mobility and ability to participate in your guided trip? Please describe:

Is there any other medical or physical concern that might impact your ability to fully enjoy your guided experience? If yes, please explain: