INTERNAL USE ONLY

GROUP _____ ☐ LBSB ☐ OC ☐ SGV ☐ WLA

STD# _____

WILDERNESS TRAVEL COURSE

Student Information Form

SIERRA CLUB ANGELES CHAPTER

Please complete both sides of this questionnaire and return it to your registrar

We will keep the information on this form confidential. It will be kept by your Group Leader and seen only by staff, medical personnel, or others who know and understand its confidential nature. The form will be retained along with your liability waiver for a period of time following the course, after which it will be destroyed. If you choose not to take the course, this form will be destroyed immediately.

GROUP ROSTER INFORMATION AND BACKGROUND

Name: _____

Gender Identity: _____ ***Pronouns:*** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Tel: _____ **Work:** _____

E-mail address: _____ **Cell:** _____

Sierra Club Member #: _____ **or date application submitted:** _____ **or not a member** ☐

Current Fitness

Please describe your current aerobic exercise program (e.g. Run number of miles per week, Aerobics or other classes hours per week; Swim, kayak, tennis; Hike: miles per week, etc.)

Hiking, Backpacking or Mountaineering Experience

Please describe past or current experience. Include number of trips, miles, days and highest elevation. Use separate paper if necessary. Please also note any Sierra Club trips or hikes you have done, or Sierra Club sections or hiking clubs you have hiked with in past or currently.

Information Form page 2: EMERGENCY, MEDICAL AND PERSONAL

Emergency Contact (not enrolled in WTC): Name: _____

Address: _____ Relationship: _____

Home: _____ Work: _____ Cell: _____

Medical Information

We ask for this information so that our staff will know in advance of special medical conditions you may have. WTC may require your maximum physical exertion under situations you may consider stressful, from which you cannot turn back without endangering yourself or the group. Experience has shown that WTC may not be suitable for individuals with diabetes, epilepsy, high blood pressure (untreated), heart disease and the like. Please be honest. You may discuss any questions with your Group Leader**.**

Be sure to consult your doctor about your ability to participate in this course

- Do you have allergies ? e.g. medicines, foods, animals, insect bites and stings, and environment (dust, pollen, etc.).
  Describe: _____ Check here if ☐ **NONE**
  Medication required (if any) _____
- Recent illness, accident, operations, hospitalizations? _____
- Do you have asthma? ☐ Yes ☐ No ***If yes, please list any medications*** _____
- Do you have diabetes? ☐ Yes ☐ No ***If yes, please list any medications*** _____
- Do you have a history of high blood pressure? ☐ Yes ☐ No ***If yes, please explain below or tell your Group Leader***
- Do you have any problems with your eyes or vision? ☐ Yes ☐ No
  - ***If you wear prescription glasses or contacts, we recommend that you bring a spare set on any outing.***
- Do you have any problems with your hearing? ☐ Yes ☐ No ***If yes, please explain below or tell your Group Leader***
- Are you pregnant? ☐ Yes ☐ No
- Do you have any bone, joint, or muscle problems? ☐ Yes ☐ No ***If yes, please explain or tell your Group Leader***
- Have you ever had a seizure? ☐ Yes ☐ No ***If yes, please explain below or tell your Group Leader***
- Have you ever experienced altitude problems? ☐ Yes ☐ No ***If yes, please explain below or tell your Group Leader***
- Do you have any other medical issues that might affect your participation in the course? ☐ Yes ☐ No

Further Explanation:

- **Tetanus:** It is strongly advised that you are inoculated against this fatal disease and you obtain a booster within every 10 years. The date of your most recent tetanus inoculation or booster: _____

Medical Training

Are you a doctor, nurse, EMT, or other? Have you had First aid or CPR training? _____

Personal

Age: _____ Birthdate: _____

If under 18, who is your parent or legal guardian taking the course with you ? _____

Occupation: _____ Hobbies and Interests: _____

What are your expectations for the Course?

Electronic Signature* ☐ _____ **Date**: _____

Please type First and Last Name

**I understand that checking this box constitutes a legal signature*

Please notify your Group Leader immediately if any information on this form changes.