

ADIRONDACK MOUNTAIN CLUB OUTINGS COMMITTEE

**ADVENTURE TRAVEL  
HEALTH & PHYSICAL CONDITION QUESTIONNAIRE**

TRIP NAME & DATES: Yellowstone in Autumn, Hiking and Natural History **Part 2**

Sept 25 - Oct 2, 2012

LEADER: Sandra Hildreth

APPLICANT'S NAME: \_\_\_\_\_

*Leader: Use this space to describe the relative difficulty, physical demands (hiking distances, elevation gains, type of trails, etc.) and risks (e.g. cold, heat, insects, heights, water injuries, etc.) of the trip. Tailor the below questions as applicable to your particular trip and to elicit the information you need to evaluate the qualifications of a prospective participant.*

(Please see trip description)

To insure a safe and enjoyable experience for yourself and the other participants, it is essential that you are adequately prepared for the trip's physical demands and possess appropriate (hiking, canoeing, biking, etc) experience and physical stamina. Therefore, ADK requires prospective participants to complete the following questionnaire, and ADK and the Leader reserves the right to reject any prospective participant who, in their opinion, does not possess appropriate experience or physical conditioning. Please answer the following questions honestly. (Use additional sheets if necessary.) You will not have an enjoyable trip, and neither will the rest of the participants, if the physical demands of the trip are beyond your capacity.

1. Have you been on any other ADK Adventure Travel trips in the past 5 years? If so, please list the trips, years in which they were taken, and the names of the trip leaders.
2. ~~Please list any strenuous hiking or backpacking trips taken in the last three years and the approximate weight of the pack you carried, distances, days out.~~
3. Do you have any plans to do any extended (2-4 consecutive days) hiking or backpacking trips before this trip? If so, please describe.
4. Please describe your ~~strenuous~~ normal hiking/backpacking experience, such as the number of years you have hiked, the types of terrain, etc.:

**YOUR NAME** \_\_\_\_\_

5. Please describe physical activities (frequency, types, distances, durations, terrain) you have regularly engaged in during the past year.
  
6. Do you have any critical dietary requirements? If so, please indicate:
  
7. Do you have any medical condition that I, as the Leader, should know about or that could affect your participation or state of health during the trip? If so, please describe:
  
8. Do you have any allergies (food, bee stings, medications, etc.)? If so, please describe:
  
9. List any prescription medications, their dosages and the conditions they treat that you will be taking with you on the trip:
  
10. Your Age (optional) \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_
  
11. Is there anything else that we should know about you that could affect you or your fellow participants? (Please attach separate sheet, if necessary.)

Please note that you are responsible for the cost of any medical care that you may require during the trip. If you have health insurance, please remember to bring your identification card. If you do not have health insurance, you are urged to obtain travel medical insurance for this trip. It is also recommended that you consult with your doctor and obtain any immunizations or preventive medications applicable to the location of this trip.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT OR GUARDIAN'S SIGNATURE (if Applicant is under 18):  
\_\_\_\_\_ DATE: \_\_\_\_\_

SEND to Trip Leader with Registration Form