



Winter 2019 Conditioning Program Registration Form

In order to participate in the Winter 2019 Conditioning Program, you must complete this registration form in full. You will also be required to read and sign a waiver of liability before the program commences. PLEASE PRINT CLEARLY.

PERSONAL

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Citizenship: _____ Date of Birth: ____/____/____ Age: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

MEDICAL

Do you have insurance? Yes / No

Carrier: _____ Plan Number: _____

Medical conditions or allergies: _____

Medications: _____

Emergency Contact Name: _____ Phone: _____

PLEASE READ AND SIGN THE FOLLOWING STATEMENT

I confirm that the details on this registration form are true and correct. I undertake to provide my own technical hiking gear in good working order during the duration of the program.

Signature: _____ Date: _____

Wellness Through Adventure

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