



SIERRA CLUB

Inspiring Connections
Outdoors

Trip and Participant Information

Trip Destination: _____

Trip Date(s): ____/____/____ - ____/____/____

Departure Time: _____:_____ Approximate Return Time: _____:_____

Departure Location: _____

Participant Name _____

Parent/Guardian Name: _____

Address: _____

City, State, Zip: _____

Home Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

Insurance Company?: _____ Policy Number: _____

Family Doctor: _____ Phone: (____) _____

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

List any special health concerns (asthma, contact lenses, etc.) or **allergies** and any **dietary** limitations (to food, drugs, insects, etc.):

List: all medications being taken, including inhalers. On back: purpose of medication, dosage, when to administer, who will administer, and where it will be kept during the outing. Please pack enough for the duration of the trip:

May the Sierra Club use the Participant's photo, video, quotes, etc? Yes No

I, the parent or guardian of the minor named below, agree and consent to the attached Participation Agreement and give my permission for the minor to go on the Outing. I further consent and allow the Outing leader or bearer of this document to administer first aid and/or secure medical attention for the minor as the Outing leader or document bearer deems proper. I understand that efforts will be made to contact me if medical treatment should be needed. I will ensure that the minor will bring any necessary medications with him/her on the trip.

Name and Age of Minor: _____

Please Print Participant's Name

Age

Parent or Guardian: _____

Please Print Parent or Guardian's Name

Date

Parent/Guardian Signature* (Participant over 18 may sign instead): _____