

# TRIP APPLICATION:

*Please print all information legibly*



Name of Expedition/Course: \_\_\_\_\_

Dates of Expedition/Course: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

H Phone: \_\_\_\_\_ W Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

In Case of Emergency please notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

## **INTERNATIONAL EXPEDITIONS ONLY**

Passport number:

Date of Expiration:

Date of Issue:

Place of Issue:

Place of Birth:

Citizenship:

## **ACCOMODATIONS**

- I prefer to share a double room       I prefer single accommodations at an additional cost  
 Is there another member of this expedition that you wish to be paired with?

## **OTHER**

Have you participated in other A.T. Adventures International trips/courses?       Yes       No

If so, please list:

Have You Read and Signed the Terms & Conditions, Release, Medical Form pages of this application?       Yes       No

**PAYMENT INFORMATION:**

- I am paying my deposit (includes non-refundable application fee)
- I am paying my balance due.
- I have already placed my deposit for this program.
  
- I have enclosed \$\_\_\_\_\_ Make checks payable to: A.T. Adventures International
- I have paid on ATAdventuresIntl.com Order #: \_\_\_\_\_
- I authorize you to charge my credit card  
    Visa/MasterCard/Amex# \_\_\_\_\_  
    Expiration: \_\_\_\_/\_\_\_\_ CVV / CVC# \_\_\_\_\_

**MEDICAL INFORMATION**

Please answer each question in earnest using the fields below. You may also send a separate email to [info@atadventuresintl.com](mailto:info@atadventuresintl.com) or attach an extra sheet to this application. Your signature/check mark on this form certifies that your statements are true. A.T. Adventures International reserves the right to refuse service at your expense due to misrepresentation of biographical information. Please note that medical information will be shared with your guides to assist with any health-related issues while on your course or expedition. Signing this form indicates you comply and understand the physical requirements for this program.

Please list any accidents, operations, or illnesses you have had in the past:

Have you been hospitalized in the past two years? If yes, please describe.

- No  Yes. Please Describe:

Have you ever had frostbite or any related cold weather injury/illness?

- No  Yes. Please Describe:

Have you ever experienced any form of altitude illness? If so, please describe rate-of-ascent, altitude, medication, and recovery procedures.  No  Yes. Please Describe:

Please list ALL medications being taken during the trip and reason for medication:

List any, and all, food or medication allergies:

Please list all dietary restrictions:

Do you wear corrective lenses?  Yes  No

Do you currently smoke, or have you been a past smoker? Please explain  No  Yes

Are you familiar with standard first-aid and current CPR techniques?  No  Yes

Please list your current medical insurance provider:

Do you have any pre-existing conditions not mentioned above?  Yes  No

If so, please describe

Please check and describe below if any history of:

- Back Problems
- Cancer
- Neck Problems
- Hearing or vision impairment
- Ankle Problems
- Arm & Shoulder Problems
- Knee Problems
- Head trauma or injury or chronic headaches/migraines
- Seizure Disorder
- Respiratory issues such as asthma
- Circulation Problems
- Joint dislocations, sprains, hernia
- Internal problems such as diabetes, hypoglycemia, intestinal or kidney problems
- High or low blood pressure, heart condition, blood disease or irregular heartbeat

Describe Medical History from Above:

- By Checking this box, I am signifying that the above medical information is correct.

**FITNESS/CLIMBING HISTORY** You may email additional information to [info@atadventuresintl.com](mailto:info@atadventuresintl.com) or attach an extra sheet to this application.

Please describe what you do to keep fit and any/all mountaineering and other outdoor experience you may have. This information is very useful, as we strive to cater each trip to match individual needs and goals.

Signing this form indicates that you understand and comply with the physical fitness requirements for your program.

Please describe your weekly workout routine:

Please describe your planned workout in preparation for this upcoming course or expedition:

Please note the highest altitude you have reached:

Please note the heaviest weight you have carried and list location and how many days you have carried that weight:

Please list all mountaineering courses you have completed, if any. Include a brief description of topics covered:

Please list all mountaineering and related outdoor activities completed:

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Signature of participant:

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Print Name of Participant:

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Date:

Name & Date of Trip: \_\_\_\_\_

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