

# The Canterbury Mountaineering Club



## Participant Details

The following information will be treated as confidential. Please fill out this form with the most up to date information.

Name: \_\_\_\_\_ DoB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please give details of any previous relevant mountaineering rock climbing or outdoor experience or skills you might have (please include years and areas):

Rating yourself on a scale of 1-5 (no knowledge-competent) please indicate your knowledge of the following skills:

Rate your <u>Current</u> level of fitness	1	2	3	4	5
• <i>Map reading &amp; navigation</i>	1	2	3	4	5
• <i>Rock Climbing</i>	1	2	3	4	5
• <i>Snow, Ice &amp; Rock Anchors</i>	1	2	3	4	5
• <i>Rope work &amp; Knot tying</i>	1	2	3	4	5
• <i>Abseiling (repelling) &amp; Belaying</i>	1	2	3	4	5
• <i>Cramponing</i>	1	2	3	4	5
• <i>Snow &amp; Ice Climbing</i>	1	2	3	4	5
• <i>Crevasse Rescue &amp; Awareness</i>	1	2	3	4	5

What objectives do you have for this trip?

Do you have any concerns regarding your trip with us? (YES / NO)

### Risk Acknowledgement

I understand that there are risks associated with outdoor activities. I am aware that my instructor/guide will take all reasonable practical steps to manage these risks to an acceptable level.

At anytime during the program I understand that I am free to request information regarding an activity and make my own decisions of the level of involvement I wish to have in said activity.

If at anytime the instructor/guide have taken all reasonable safety precautions, provided clear instructions on hazards, procedures and the said activity, and I choose to act outside the advice and guidance of the instructor/guide. I then accept responsibility for any consequences that may occur due to this choice.

I am responsible to ensure that my actions or in-actions do not jeopardise the safety of others.

Signed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Health and Medical Information Form

The following information will be treated as confidential. Please fill out this form with the most up to date information.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone:(Day) \_\_\_\_\_ (Cell/Wk) \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

\_\_\_\_\_

Phone:(Day) \_\_\_\_\_ (Cell/Wk/Night) \_\_\_\_\_

### Medical Information

- Do you have any medical conditions? Eg Diabetes, Asthma, High Blood Pressure etc **(YES / NO)**  
(Please outline any treatment that you are currently using that may be necessary)
  
- Are you taking any medication? **(YES / NO)** If yes, for what condition and what dosage?
  
- Are you allergic to anything? **(YES / NO)** If yes please outline what and what treatment and/or medication needs to be administered if you do have an allergic reaction
  
- Is there anything you believe your instructor/guide should know that could interfere with your participation in the program?

### Risk Acknowledgement

I understand that there are risks associated with outdoor activities. I am aware that my instructor/guide will take all reasonable practical steps to manage these risks to an acceptable level.

At anytime during the program I understand that I am free to request information regarding an activity and make my own decisions of the level of involvement I wish to have in said activity.

If at anytime the instructor/guide have taken all reasonable safety precautions, provided clear instructions on hazards, procedures and the said activity, and I choose to act outside the advice and guidance of the instructor/guide. I then accept responsibility for any consequences that may occur due to this choice.

I am responsible to ensure that my actions or in-actions do not jeopardise the safety of others.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# The Canterbury Mountaineering Club



## Course Registration Form

The following information will be treated as confidential. Please fill out this form with the most up to date information.

Name (first middle last): \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel (wk): \_\_\_\_\_ (Hm): \_\_\_\_\_ (Mob): \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Course

Course Name: \_\_\_\_\_

Course Date: \_\_\_\_\_

### Dietary requirements (Please give details)

Do you have any food-based allergies? **(YES / NO)**:

Do you take any medication for these allergies? **(YES / NO)**:

Do you have any special dietary needs? Eg Vegetarian **(YES / NO)**

### Important Information

Is there anything else we need to know? :

Please ensure that the Health & Medical Form has been filled out along with this form.