



REGISTRATION FORM

(Please fill completely, legibly and in detail)

Name: _____

Residential Address: _____

Mobile: _____

Email: _____

Date of Birth: ____/____/____

Gender(M/F): _____

Height: ____ft ____inch

Weight: _____Kgs

Blood Group*: _____

Emergency Contact Person*:

1. Name: _____

2. Your relation with the person mentioned above: _____

3. Mobile Number: _____

IMPORTANT - Please Provide Detailed Physical Condition:

1. Do you have any medical condition(s) that we should know about (Prior Joint Dislocations, Allergies, Diabetes, Asthma, or any other condition that you would like to share)? *

2. List any prescription medication (s) you are presently taking? *

Previous Trekking Experience: _____

Fitness Level (scale of 1-10, with 1 being low & 10 being High): _____

Dietary Restrictions (if any): _____

Equipment Needs (on rent): _____

Signature