

## PARTICIPANT REGISTRATION FORM

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### CONTACT INFORMATION

NAME OF PARTICIPANT:

\_\_\_\_\_

Is the participant a Student?   
Teacher?

Name of Group: \_\_\_\_\_

TRIP DATE/S: \_\_\_/\_\_\_ - \_\_\_/\_\_\_

Participant's Address:

\_\_\_\_\_

City, State, Zip:

\_\_\_\_\_

Home Phone:

\_\_\_\_\_

Emergency Contact:

\_\_\_\_\_

Phone:

\_\_\_\_\_

A trip with the Gateway Mountain Center can include three to eight miles of hiking per day on rough trails. To help us best prepare for your group, please fill out the next section accurately. If the participant is a minor, a parent or guardian should complete this section.

### MEDICAL INFORMATION

Does the participant have any medical history or present conditions that may affect her/his participation in a group hike or a group learning environment? If yes, what are they? (Attach extra sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the participant taking any medication/s? If yes, what are they?

\_\_\_\_\_  
\_\_\_\_\_

Does the participant have any allergies? If yes, what are they?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the participant have any dietary restrictions? If yes, what are they?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the participant carry health insurance? Insurance company and policy #:

\_\_\_\_\_  
\_\_\_\_\_

The GateWay Mountain Center – *for Place-Based Learning and Adventure*  
10582 Laurelwood Drive, Truckee CA 96161  
Phone/Fax. (888) 508-2629  
[info@sierraexperience.org](mailto:info@sierraexperience.org)

## PARTICIPANT REGISTRATION FORM

Is there any other information we should know about you before you arrive for your program?

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Credit card info:

Visa     Mastercard     American Express

Card Number: \_\_\_\_\_ Amount: \_\_\_\_\_

3 Digit Security Code (on back of card): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**THANK YOU**