



Personal Information Form

White Mountain Adventures looks forward to welcoming you soon on your exciting trip with us. In order to make your adventure the best that it can possibly be. We require information on both your physical and medical condition and your expectations. Please print out and complete this form for each participant.

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

Your Name: _____ Phone Number: _____

Trip Name: _____ Trip Date: _____

Birth Date: _____

PHYSICAL CONDITION:

- How much walking do you do in a week? 2 – 5kms (1 – 3 miles) _____ 5 – 10kms (3 – 6 miles) _____
Over 10kms (Over 6 miles) _____
- In what type of terrain do you walk? Flat _____ Slight Elevations _____ Mostly Hills _____
- How would you rate your physical condition (for your age)? Fair _____ Good _____ Excellent _____

MEDICAL CONDITION:

- Please list any medical conditions that would affect your endurance, strength or agility.

- Are you taking medication for these or any other conditions? _____

If so, please list the medications _____

- Please list any skeletal/muscular restrictions you may have (limited range of motion, bad knees, tendon/ligament damage, joint replacements) _____

- Please list any allergies that you may have _____

Do you take/have medication for allergies? _____

- Do you have any dietary requirements? _____

- In case of an emergency who should we contact? – Contact: _____

Phone: _____

ACTIVITY OPTIONS/EXPECTATIONS:

What are your areas of interest on this trip? (i.e.: flora, fauna, wildlife habitat, history, geology etc.)

What experiences would make this trip enjoyable / worthwhile for you?

What do you hope to learn more about on this trip?

Thank you for your assistance. We look forward to not only meeting, but exceeding your expectations.
Please email this form back to us at your earliest convenience