

Aspire Mountain Journeys

REGISTRATION FORM

Prior to completing this form, ensure that you have read and understood the Terms and Conditions that apply to your trip. This includes, the ACMG Waiver, Covid-19 Policies & our Cancellation Policy. Also familiarize yourself with the product you are about to reserve, to ensure that this is a suitable program for you.

Please fill out this registration form, save a copy, and email me at cecelia.mortenson@gmail.com.

Name:

Phone:

Email:

Address

Street:

City/town:

Province/ state:

Postal/ zip code:

Country:

Trip signing up for:

Trip dates:

What is your previous experience? E.g. For a rock-climbing program, what level do you climb, how often do you climb & have you had any previous training?

How would you rate your fitness? Please summarize your current training program.

Do you have any allergies or special dietary requests? If yes, please describe.

List any medical conditions or previous injuries which may affect your ability to participate in this program.

Are you taking prescription medications? If yes, please list them.

Emergency Contact Information

Name:

Phone number:

Email:

Relation:

Comments/ questions/ concerns: