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# Sierra Mountain Center, LLC

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## Registration Form - Please complete both sides

Many of our programs take place in remote settings where rescue is difficult and definitive medical care is distant. Most of our outings require a high level of physical activity for a considerable length of time. We use the information on this form to help you sign up for an appropriate program and to facilitate treatment should a problem arise. If we have any question about your ability to safely complete a program we will call and discuss the issue with you. You may be asked to consult a physician. All information on this form is kept confidential.

**Please print legibly. Scan and email or snail mail to the address above.**

Your Name

Program name

Dates

Home address:

City

State

Zip

E-mail address:

Cell phone #

Home #

Work #

Date of birth

Height

Weight

Emergency contact name:

Phone numbers, Day:

Evening:

If SMC is providing food, do you have any special dietary needs or requests?

We do our best to cater to dietary needs. If you have a food allergy or medical condition that requires strict adherence to a dietary regime we may not be able to fully accommodate you. The guide is unable to prepare a number of different meals each night for a number of different needs. Bishop is very limited in shopping options and much lightweight food can contain a variety of allergens. We may have to ask you to bring some of your own supplies or to provide specific food menus.

Physician's name:

Physician's phone:

Your health insurance company and policy #:

Please describe your physical conditioning program:

Please assess your level of physical conditioning at the time of the program:

## Medical History

Do you now have, or have you had within the past two years, any of the following conditions: If you answer "yes" to any of the questions below please explain below.

Condition	Yes	No	Condition	Yes	No
Altitude illness			Diagnosed mental illness		
Broken bones			Severe anxiety or depression		
Severe sprains			High blood pressure		
Shoulder or neck problem			Heart disease		
Back problem			Seizure disorder		
Foot or ankle problem			Asthma		
Leg or knee problem			Diabetes		
Arm/hand problem			Chronic headaches		
Intestinal problem			Shortness of breath		
Urinary tract problem			Chest pain		
Heat or cold intolerance			Hospitalization in past year		
Uncorrected vision or hearing impairment			Women: are you currently pregnant?		

Please elaborate on any "yes" response from above:

Are you currently taking any prescription medications to treat any of the above or other issues? Please include medical marijuana use.

Are you allergic to any foods, insect bites, or medications? If yes, please explain what you are allergic to, the reaction, and treatment required.

Do you have any other condition that could affect your ability to fully participate in the program you have registered for without being a danger to yourself or others?

**Please complete the other side of the form >>>>>>>>>>**



## Important! Please read our Cancellation and Deposit Policy

Your reservation is secured with a 50% deposit with the balance due thirty days prior to the start of the program. A 25% deposit will secure your dates if you are booking more than three months days prior to the program start. We accept checks, Visa, or Mastercard.

- Cancellations greater than or equal to 30 days prior to the program starting date; SMC will retain a 25% administrative fee from monies collected and refund the balance. Rescheduling is possible, but subject to availability. We will only reschedule for the same calendar year. Any and all costs incurred in rescheduling, such as USFS trail fees, will be paid for by the participant.
- Cancellations within 30 days of the program start date and/or once the program has begun; program fees are non-refundable and non-transferable to another trip.
- Special Trips - overseas trips and domestic trips longer than 10 days ( JMT and High Sierra Hike). Cancellations greater than or equal to 60 days prior to the program starting date; SMC will retain a 25% administrative fee from monies collected and refund the balance. Any and all costs incurred in cancellations, such as USFS trail fees, will be paid for by the participant. Cancellations within 60 days of the program start date and/or once the program has begun; program fees are non-refundable and non-transferable to another trip.
- Scheduled trips are priced to run with a minimum number of participants. If that number is not reached we will offer you the options of rescheduling, paying the custom rate or adapting the trip to make it run at less than the regular minimum number
- If conditions, weather or circumstances preclude running a scheduled program we reserve the right to make the decision as to whether the program will be rescheduled or an alternative provided. In the rare circumstance where we need to cancel a program due to weather you can reschedule without a penalty, but no refund. Credits arising from such situations will be honored for 18 months.
- If a trip comes out early for any reason, days unused will not be refunded or credited.
- We very strongly suggest obtaining trip cancellation insurance. Information is available on our website. If you decline to obtain insurance and are forced to cancel your reservation or trip, SMC will be unable to provide a refund on your trip payment or deposit.
- We do not provide rescue insurance. Membership in the American Alpine Club includes rescue insurance and is recommended. Visit [americanalpineclub.org](http://americanalpineclub.org)

Please describe in detail your previous relevant climbing, mountaineering and outdoor experience:

Please tell us how you heard about Sierra Mountain Center:

## Please sign below

The information I have provided on both sides of this form is true and accurate to the best of my knowledge. I have read the deposit and cancellation policy, understand it and agree to its terms. I have the option of trip insurance and understand that if I do not take this option SMC will not be able to provide any alternative to the cancellation policy. I understand that participation is conditional upon being in appropriate physical condition at the start of the trip.

Participant signature:

Date:

Parent/guardian signature if participant is under age of 18: Date:

## Model release

We often use images from our trips in presentations, brochures, and other advertising. Please sign here if you agree that we can use photos of you from your SMC trip in this manner.

Signature:

Date: