

Adventures by Design

camp • travel & event planning • tours

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REGISTRATION FORM 2009

NAME: _____ AGE: _____ GENDER: M F

ADDRESS: _____ DOB: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL: _____ E-MAIL: _____

EVENT: KIDS' MTN BIKE CAMP WOMEN'S BIKE CAMP ADVENTURE CAMP

FAMILY EVENT OTHER _____ DATE(S): _____

MTN BIKING EXPERIENCE: BEGINNER INTERMEDIATE ADVANCED

ROAD BIKING EXPERIENCE: BEGINNER INTERMEDIATE ADVANCED

SWIMMING EXPERIENCE: BEGINNER INTERMEDIATE ADVANCED

CLIMBING EXPERIENCE: ROCK ICE CAMPING EXPERIENCE: YES NO

FITNESS LEVEL (1-10): _____ TYPE OF EXERCISE: _____

LOCAL CONTACT IN CASE OF EMERGENCY: NAME: _____

HOME PHONE: _____ CELL: _____

DO YOU HAVE ANY FEARS WE SHOULD KNOW ABOUT? (HEIGHTS, TIGHT PLACES, INSECTS)

DO YOU HAVE ANY MEDICAL CONDITIONS, ALLERGIES OR PHYSICAL LIMITATIONS?

DO YOU REGULARLY TAKE ANY MEDICATIONS? IF SO, PLEASE LIST:

MEDICAL INSURANCE COMPANY: _____ ID #: _____

HOW DID YOU HEAR ABOUT ADVENTURES BY DESIGN? _____

SIGNATURE: _____ DATE: _____

Parent if participant is under 18 years old