



OUT There Adventures
608-772-2883
www.outthereadventures.org
info@outthereadventures.org

OUT There Adventures Expedition Cover

**Application form must be completed in black ink only - do not use pencil.*

Pre-Trip Packet Checklist:

- Completed pre-trip questionnaire
- Paid deposit and reserved a space if applicable
- Completed application (including guardian information sheet if applicable)
- Signed medical release and release of liability

Participant

Name*: _____

Address: _____ City: _____

State: _____ Zip: _____

Age: _____ DOB: ____/____/____ Gender* (optional): _____

Height: _____ Weight: _____ Shoe size: _____

Race* (optional): _____

Custodial Parent(s)/Guardian(s) (if applicable)

Name: _____

Last

First

Middle

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: (____) _____ Work: (____) _____

Cell: (____) _____ E-mail: _____

* OTA encourages participants to utilize whatever name(s) and pronouns they prefer. Data on gender and race is gathered to aid in grant applications and program development. All information is kept confidential and/or anonymous.

Additional Parent/Guardian (if applicable)

Name: _____

Last

First

Middle

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: (____) _____ Work: (____) _____

Cell: (____) _____ E-mail: _____

Person to call in case of emergency

Name: _____ Relationship to participant: _____

Home Phone: (____) _____ Work: (____) _____

Cell: (____) _____

Name: _____ Relationship to participant: _____

Home Phone: (____) _____ Work: (____) _____

Cell: (____) _____

Name: _____ Relationship to participant: _____

Home Phone: (____) _____ Work: (____) _____

Cell: (____) _____

Participant Health Contact Information

Primary Physician: _____ Agency: _____

Address: _____

Phone: (_____) _____

Dentist: _____ Agency: _____

Address: _____

Phone: (_____) _____

Other: _____ Agency: _____

Address: _____

Phone: (_____) _____

Other: _____ Agency: _____

Address: _____

Phone: (_____) _____