

Grand Canyon Field Institute Registration Form



GRAND
CANYON
ASSOCIATION
INSPIRE. EDUCATE. PROTECT.

NAME:

(Mr.)(Mrs.)(Ms.): _____

Address: _____

City: _____

State: _____

Zip: _____

Country: _____

Telephone (Day): (_____) _____ (Evening): (_____) _____

E-mail: _____

ADDITIONAL PERSON(S) NAME: _____

Additional Person(s) Address: _____

City: _____

State: _____

Zip: _____

Country: _____

E-mail: _____

HOW DID YOU HEAR ABOUT GCFI?

- Through my Grand Canyon Association membership
- World Wide Web (list website here _____)
- National Park Service literature or website
- Media (list publication here _____)
- Word of mouth
- Other (list here _____)

ENROLLMENT

Please enroll me for the following course(s). (Please refer to the course listing for tuition fees.)

I would like to become a Grand Canyon Association member and help support the park. (Please refer to the course listing for member fees.)

Title _____	Dates _____	Fee _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<input type="checkbox"/> My Grand Canyon Association (GCA) member fee is included:	Subtotal _____
	Membership Fee +\$ _____
	Total _____

Member Benefits

GCA is GCFI's parent organization, and has supported education, research, and other programs for the benefit of Grand Canyon National Park and its visitors since its inception in 1932. GCA members receive \$25 discount on most GCFI classes. Membership begins at \$35 for an annual subscription and entitles each immediate family member to a discount.

Payment

Enclosed is my check for: _____

(Please make checks payable to Grand Canyon Field Institute)

Please bill my credit card (check one).

Visa MasterCard American Express Discover

Credit Card Number _____ Expiration Date: ____/____

Name as it appears on your card (please print): _____

Signature _____

Confidential Health Questionnaire

As a part of our ongoing efforts to evenly match participants with each class, we are asking all registrants to send their answers to the questions below when enrolling in any class. Your responses will remain confidential. Your participation is subject to our receipt of this form and approval by GCFI staff or the instructor.

Physical Condition—Describe your regular exercise activities.

Backpacking Experience (*if any*)—Please provide the following information about relevant outing experience in the last few years (particularly desert and high-altitude hiking):

Dates and locations, distances hiked (total and longest day), total elevation gain and loss, and maximum weight carried.

Climbing Experience (*to be completed by those attending a Wilderness Studies Workshop level 6 or higher*) Please provide details about any climbing classes you may have attended or routes (including class) you might have completed.

Medical Information (*please* be forthright as you complete this section—for your protection and that of others)

1. Name Mr. ___ Mrs. ___ Ms. ___ _____
2. Class Name & Date _____ 3. Occupation _____
4. Birth Date _____ 5. Contact Phone _____ 6. Height _____ Weight _____
7. Address _____
8. Doctor's Name _____ Phone _____
9. Emergency Contact _____ Relationship _____
 Phone (day) _____ (eve) _____ Email _____
10. Are you covered by any hospitalization/care policy? Yes ___ No ___ Policy # _____
11. Insurance Company Name and Address _____
12. Does your insurance company require pre-authorization? Yes ___ No ___ If yes, phone # _____

13. ARE YOU CURRENTLY EXPERIENCING OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?

	Yes	No		Yes	No
Heart problems/attack	___	___	Overweight	___	___
Chest pain/pressure	___	___	Currently pregnant	___	___
Frequent shortness of breath	___	___	Asthma/respiratory problems	___	___
Frequent dizziness	___	___	Diabetes/blood sugar problems	___	___
Frequent fainting	___	___	Recurrent/frequent headaches	___	___
High blood pressure	___	___	Ulcer/stomach problems	___	___
Depression/anxiety	___	___	Urinary tract problems	___	___
Smoker	___	___	Musculo-Skeletal problems	___	___
Hepatitis	___	___	Hospitalization/surgery (within the last year)	___	___
Seizures	___	___	HIV Positive	___	___
			Other _____		

If you answered “Yes” to any of the above, you must provide a note from your doctor showing that he/she has cleared you for the class. *Please discuss with your doctor the rigorous physical conditions of backpacking in the Grand Canyon (i.e. elevation changes, hiking distances, trail conditions, and environmental changes) and what effect this may have on your noted medical condition, while seeking a written clearance. Without such written clearance you will not be permitted to participate.*

14. List any allergies/anaphylaxes (including medications, foods, bites, and stings).
- _____
- _____
- _____

15. List all your current medications (including over-the-counter drugs). Conditions such as sun exposure and high temperatures or cold water immersion **may require a re-calibration of your current dosage**. We encourage you to **consult with your physician** if you are taking any medication. Please bring two (2) courses of your medication. Be sure to remind your instructor what medications you are currently taking and their purpose.

Medication	Purpose	Medication	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Your Signature _____ Date _____