

# Far Flung Outdoor Center

**\*\*\*Please complete form and mail to: P.O. Box 377, Terlingua, TX 79852 or Fax to: 432-371-2993**

Trip Date:		Group Name:	
Family Name:		Emergency Contact Name:	
Address:		Address:	
Phone:	Work Phone:	Phone:	Work Phone:

Participant Information	General				Medical Concerns					Dietary Concerns			Rent		Notes
Please fill in the general information for each participant. <b>ONLY</b> check the other boxes which apply.	Age	Height	Weight	Date of Birth	Currently Pregnant*	Heart Condition*	Epilepsy	Diabetes	Insect Sting Allergies	Vegetarian (please describe)	Food Allergies	Other Food Concerns	Want a sleeping Pad? (\$5)	Want a sleeping Bag? (\$15)	Please explain any checked boxes. ***If pregnant or have current heart condi have your doctor sign the bottom of this form.
Name:															
Name:															
Name:															
Name:															
Name:															
Name:															

**HEART DISEASE or PREGNANCY (circle one) NOTE: Only have your doctor sign if you are currently pregnant, or have current heart condition.**

I am the physician of \_\_\_\_\_  
 and give my clearance for him/her to participate in an outdoor river/wilderness adventure.

\_\_\_\_\_  
 (Signed)

\_\_\_\_\_  
 Date:

