

INDIVIDUAL INFORMATION FORM
2014 Southern Sierra Tour – MOUNTAIN OBSERVATORIES

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE HELPDESK
at ESTacy@ucmerced.edu BY JUNE 20, 2014

Trip Name: Tour the Southern Sierras

Leader: Erin Stacy / Alice Chung-MacCoubrey / Connie Millar

Name _____

Address _____

Phone: Work _____

Home _____

Sex: Male _____

Female _____

Please indicate dietary requirements (e.g., vegetarian): _____

Please be aware that most trips involve some walking, sometimes steep grades. Speak to your field trip leader if you have any health or fitness issues that need to be accommodated.

Please indicate any existing medical condition that is pertinent to the field trip leaders: _____

Please indicate any medicines are you currently taking: _____

Please indicate any further information that a first aider would need to know: _____

Do you need services to accommodate a disability? Yes _____ No _____

If you answer yes, your trip leader will contact you by telephone for further information.

Name of Medical Insurer: _____

Insurance Agent: _____ Policy Number: _____

In case of emergency during the field trip, please list information for two persons who may be contacted who are not traveling with you.

Name	Name
Address	Address
City, State Zip	City, State Zip
Telephone Day: Evening:	Telephone Day: Evening:
Relationship to You	Relationship to You

Signature: _____ Date: _____