



Environmental Traveling Companions Trip Reservation Form: The Rogue River

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Day) _____ Phone (Evening) _____

Fax _____ Email _____

How did you hear about Environmental Traveling Companions (ETC)?

Do you have prior experience with ETC and if so, what types of trips?

Describe your previous experience with whitewater rafting, camping, and wilderness trips.

Describe any fears or concerns you have about this trip.

What are you most looking forward to on this river trip?

CONFIDENTIAL HEALTH & EMERGENCY INFORMATION *(Please answer all questions thoroughly)*

Date of Birth _____ Gender _____ Weight _____

Waist Size _____ Chest Size _____ Height _____

Please note that, due to the nature for the Personal Floatation Devices (PFDs) used on this trip, we reserve the right to not accommodate anyone with a chest size larger than 52" or anyone weighing more than 250lbs.

Please rate the following:

I exercise (1 = never; 5 = every day)	1	2	3	4	5
My upper body strength is (1 = poor; 5 = excellent)	1	2	3	4	5
I can independently walk or ambulate 1/2 mile over rough terrain (1 = unable; 5 = easily)	1	2	3	4	5
I can lift 25 lbs. And carry it 100 yards. (1 = unable; 5 = easily)	1	2	3	4	5
My general physical condition is (1 = poor; 5 = excellent)	1	2	3	4	5

Do you have sensory, physical, cognitive or emotional disabilities? If yes, please provide additional information	Yes	No
Are you currently under the regular care of any medical specialists? If yes, for what conditions?	Yes	No
Are you currently taking any prescriptive medications? If yes, please list them and describe what they are for.	Yes	No
Do you use any assistive devices? If yes, please list them.	Yes	No
Do you use an attendant in your daily life? If yes, please explain for what needs. Would this attendant be coming with you?	Yes	No
If you don't use an attendant in your daily life, do you think you would benefit from an assistant on the Rogue trip to help you get around? If yes, do you know who you would bring to help you on a daily basis?	Yes	No
Do you have any food allergies or dietary restrictions? If yes, please list them.	Yes	No
Have you had a tetanus shot in the last 10 years? (this is required for participation in the trip)	Yes	No

Have you experience any of the following:

Incontinence	Chemical dependency	Ear perforation	Hepatitis A or B
Lung Disease	Allergies	Communicable diseases	Head Injury
Mental Illness	Arthritis	Diabetes	Heart disease
Seizures	Asthma or other Resp.	Dysreflexia	Hemophilia
Stroke	Back Conditions	Decubitus ulcers	
Urinary/bladder infections	Balance problems	Knee problems	

If you answered yes to any of the above, please describe more fully here

EMERGENCY INFORMATION *(Please answer all questions thoroughly)*

Your health insurance company _____ Policy # _____

Physician _____ Phone: _____

Relative or close friend _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone (Day) _____ Phone (Evening) _____

Please read carefully and sign below.

Signed: _____ Date: _____

This form must be signed. If you are under 18, or if you are considered a vulnerable adult, your legal guardian must sign it. You cannot participate on a trip unless we have a signed registration form.

Please submit this form via email, fax, or post:

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