

## REGISTRATION FORM FOR TRAINING HIKE(S)

**Check all applicable hikes and fees:**

- March 14<sup>th</sup>** (Fri)  **or March 15<sup>th</sup>** (Sat.)  10 miles Local
- April 11<sup>th</sup>** (Fri)  **or April 12<sup>th</sup>** (Sat.)  15 miles TBA
- May 9<sup>th</sup>** (Fri)  **or May 10<sup>th</sup>** (Sat.)  7/13 miles (Dog Mountain/Time Trial )
- May 30<sup>th</sup>** (Fri)  **or May 31<sup>st</sup>** (Sat.)  20 miles TBA
- June 13<sup>th</sup>** (Fri)  **or June 14<sup>th</sup>** (Sat.)  25 miles TBA
- July 11<sup>th</sup>** (Fri)  **or July 12<sup>th</sup>** (Sat.)  30 miles TBA
- August 2<sup>nd</sup>** (Sat.)  (13-16 miles) Scouting hike in three sections

**August 8<sup>th</sup> & 9<sup>th</sup>** (Friday & Saturday) Tom's Trek III - TBA

**Registration Fees\***  \$15 (1 hike)  \$30 (2 hikes)  \$50 (3 or more)

*\*Fees pay for transportation costs, parking permits and the purchase and/or rental of safety gear.*

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### MEDICAL INFORMATION

Allergies (food, drugs, insects, etc.) \_\_\_\_\_

Medications (name, dosage, reason) \_\_\_\_\_

Other Conditions (injuries, asthma, heart disease, etc.) \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Group or ID# \_\_\_\_\_

### **In case of emergency, please notify:**

Parent/Guardian/Spouse \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Before going on this St. Clare Parish sponsored activity, I will know and understand the activity and hazards and will judge for myself if I have the skills and knowledge to safely participate. If I do go, I will remain constantly alert for dangers to others and myself and will fully participate as a safe team member.

IN CONSIDERATION OF PERMISSION TO PARTICIPATE EXTENDED TO ME, I RELEASE, HOLD HARMLESS AND DISCHARGE THE ARCHDIOCESE OF PORTLAND AND ST. CLARE PARISH FROM ANY AND ALL LIABILITY, CLAIMS AND CAUSES OF ACTION WHICH MAY ARISE ON ACCOUNT OF ANY NEGLIGENT ACT OR FAILURE TO ACT DURING MY PARTICIPATION IN OR TRAVELING TO OR FROM THESE PLANNED EVENTS. IN CASE OF ACCIDENT, ILLNESS OR OTHER INCAPACITY, I UNDERSTAND THAT I MUST PAY MY OWN MEDICAL AND/OR EVACUATION EXPENSES, WHETHER OR NOT AUTHORIZED BY ME.

I certify and understand the above and willingly sign.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date