



Trip Participant Fact Sheet

Name: _____

Height: _____ Weight: _____ Age: _____ M / F (circle one)

Date of Birth: _____ Occupation: _____

What experience have you had with this activity? _____

Can you swim? _____

For water-based trips

Any medical conditions? _____

Allergies? _____

Please list any medications you are currently taking and describe what they are for:

Dietary restrictions? _____

In case of emergency please notify (list someone not participating in this outing):

Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

You can return this form by mail to:

The Northwest Passage

1130 Greenleaf Avenue

Wilmette, IL 60091

Or fax it to:

847-256-4476

We must have your registration form and waivers on file before the start of the trip!