

# Alpine Recreation – Introductory Climbing Application Form

Please download this form, complete it and return it to Alpine Recreation, P.O.Box 75, Lake Tekapo, New Zealand; or fax to (03) 680 6765; or attach it to an e-mail to [climb@alpinerecreation.com](mailto:climb@alpinerecreation.com). Any information you provide will be treated as strictly confidential.

## Trip details

Please enroll me for an **Introductory Climbing Course**. Tour date: .....

## Contact details

First name: ..... Last name: .....  
Street / Post Box: ..... City: .....  
Post Code: ..... Country: .....  
Phone (home): ..... Phone (work): .....  
Fax: ..... Email: .....

## Emergency Contact details

Name: ..... Relationship: .....  
Phone: ..... Address: .....

## Personal details

Date of birth: ..... Occupation: .....  
Gender: ..... Height (cm): ..... Weight (kg): .....

## Medical details

Please provide the following information about your health and fitness which may affect the adventure you are going to undertake. Circle the appropriate answer and answer all questions.

- |  |                                     |        |
|--|-------------------------------------|--------|
| A) Do you/have you suffered from:  | - a heart condition?                | Yes/No |
|  | - high blood pressure?              | Yes/No |
|  | - epilepsy?                         | Yes/No |
|  | - a bronchial disorder?             | Yes/No |
|  | - asthma?                           | Yes/No |
|  | - diabetes?                         | Yes/No |
| B) In the last five years, have you:   | - suffered any severe injury?       | Yes/No |
|  | - undergone any surgical operation? | Yes/No |
| C) Do you have any known allergies?  |                                     | Yes/No |
| D) Are you taking any medication?  |                                     | Yes/No |
| E) Do you suffer from any other medical condition(s) which might affect your ability to participate in a Ball Pass Crossing? Or any recurring sports injury? |                                     | Yes/No |

If you have answered "Yes" to any part of A) to E) above, would you please elaborate?  
.....  
.....

## Dietary Requirements

Please indicate if you are vegetarian or have any other dietary requirements:  
.....

**Experience & Fitness**

Please provide the following information about your outdoor experience and fitness. Circle the appropriate answer and answer all questions.

- A) Do you have any previous tramping/hiking/backpacking/bushwalking experience? Yes/No  
If so, how many years? .....
- B) Can you walk 6-8 hours in a day without difficulty? Yes/No
- C) Are you able to climb up and down steep slopes with no fear of heights? Yes/No
- D) Can you clamber up and around big rocks where you may need to use both hands? Yes/No
- E) Do you have good balance and are you well-coordinated? Yes/No
- F) How do you rate your fitness? Low/Average/Above average/Strong/Very strong
- G) Do you have any rock climbing experience? Yes/No  
If so, up to what grade? .....

**Cancellation**

I accept the [booking conditions](#) and acknowledge that Alpine Recreation cannot refund any trip fees if a trip has to be cancelled after commencement due to unforeseen and uncontrollable circumstances (inclement weather, bad road conditions etc.). If I choose to cancel a trip, I will pay the appropriate cancellation fee as set out in the Company's [Booking Conditions](#).

**Equipment**

I agree that if I damage the Company's equipment beyond normal wear and tear or lose their gear on a trip, I will be liable for replacement or repair costs as the directors of the Company decide.

**Payment**

In order to secure a booking a 50% deposit of the tour price is required. The balance is due four weeks before departure date.

Please charge my credit card with NZ\$..... for the 50% deposit on the above tour in order to confirm my booking. Please charge my credit card with the balance four weeks before departure.

Card #: ..... Expiry date: .....  
Name: ..... Card type: .....

**Signature:** ..... **Date:** .....