

Alpine Recreation – Tekapo Trek 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. Any information you provide will be treated as strictly confidential.

Trip details

Please enroll me for the **Tekapo Trek**. 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
- B) Can you walk 4-6 hours in a day without difficulty? Yes/No
- C) Are you able to climb up and down steep slopes and over untracked terrain? Yes/No
- D) How do you rate your fitness? Low/Average/Above average/Strong/Very strong

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:**