

Texas Baptist Men

Registration-Emergency Contact-Medical Information Form

EVENT: Winter Backpack Trip – Taos, New Mexico

Name _____ DOB _____ . Age _____ .

Address _____ . City _____ . State ____ . Zip _____ .

Phone # (Home) _____ . (Cell) _____ .

e-Mail Address _____ .

Church _____ . Association _____ . Region _____ .

I have completed the following TBM Men’s Campcraft Levels:

None____. Frontiersman ____ . Outdoorsman ____ . Voyager ____ . Basic Instructor ____ . Advanced Instructor ____ .
Director of Instructors ____ . Trip Leader ____ . Trip Leader Instructor ____ .

EMERGENCY CONTACT INFORMATION:

Contact _____ . Relation _____ . Phone _____ .

Physician’s Name _____ . Address _____ .

City _____ St ____ . Zip _____ . Phone _____ . Cell _____ .

MEDICAL INFORMATION:

(List all Medications, there Dosage and Frequency)

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>
_____ / _____	_____ / _____	_____ .
_____ / _____	_____ / _____	_____ .
_____ / _____	_____ / _____	_____ .
_____ / _____	_____ / _____	_____ .
_____ / _____	_____ / _____	_____ .
_____ / _____	_____ / _____	_____ .

(List Critical Medical History)

Signature _____ . Date _____ .

----- OFFICE USE -----

Fees: \$ 100.00 total: \$30.00 Deposit with preregistration form _____ /Date _____ /

\$70.00 on arrival at Dixon Bldg _____ /Date _____ /