

**REGISTRATION FORM**  
"Stalking the Puma"  
Journey to Peru for Young Adults

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Citizenship: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
Passport #: \_\_\_\_\_ (or provide when obtained)  
Emergency contacts (2) \_\_\_\_\_  
(address/phones) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical/Health Information

Allergies \_\_\_\_\_

Known medical/mental health conditions \_\_\_\_\_

Medication/Dosages \_\_\_\_\_

Medical Insurance Information \_\_\_\_\_

Blood Type \_\_\_\_\_ Other important Information \_\_\_\_\_

Do you smoke? \_\_\_\_\_

This trip requires a person to be in good health and of an adaptable nature. Traveling in any Third World country can test your resistance and your resilience. Each participant should have current medical coverage for illness and accident, and will be responsible for any medical expenses incurred. Travel insurance is recommended.

I understand that when my registration is accepted, I will receive further details on travel logistics: format and itinerary, information on other costs, what to bring, weather, health and altitude information. Prior to departure I will sign an Informed Consent and Release of Liability Form.

I have read and filled out the above information to the best of my knowledge. I give permission for emergency medical treatment if it becomes necessary.

\_\_\_\_\_  
Printed Name Signature Date