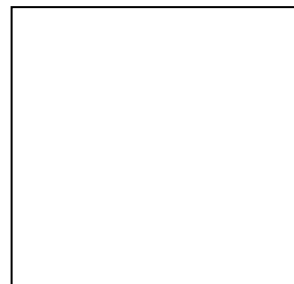




NUEVA ECIJA BACKPACKERS & MOUNTAINEERS COMMUNITY

MEMBERSHIP FORM

PERSONAL DETAILS *(please complete clearly in capital letters)*



Click the BOX to browse your picture

Full Name
Last Name First Name MI

Nickname

Date of Birth mm/dd/yyyy Age Under 18 requires parental consent

Gender Male Female Blood Type

Street Address

City/Municipality

Province Zip Code

Phone

E-mail Address

Have you undergo BMC/LNT Training? YES NO
(if "YES" fill the fields below)

Conducted by:

Date:

Other related trainings attended:

Training	Date
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



NUEVA ECIJA BACKPACKERS & MOUNTAINEERS COMMUNITY

EMERGENCY CONTACT INFORMATION

Contact Name

Phone Number

Relationship

Any other personal information of use to the NEBMC committee (e.g. relevant medical conditions):

DECLARATION *(please tick ✓ as appropriate)*

- I accept that backpacking and mountaineering are activities with a danger of personal injury or death. I am aware of and shall accept these risks and wish to participate in these activities voluntarily and shall be responsible for my own actions and involvement.

MEDICAL INFORMATION *(please tick ✓ as appropriate)*

- I do not** have a medical condition which may limit or prevent full and safe participation in group activities.
- I agree** to bring medication to any group session where it will be required.
- I will inform** the NEBMC Board should there be circumstances change over the following years.
- Before each group activity, **I will inform** relevant members of the board of any medication, allergies, injuries or other medical conditions that may affect my ability to participate fully in the activity on that day.

I confirm that the information provided above is true, correct and complete.

Signature Over Printed Name

Date: _____