

# Four Winds

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Himalayan Guide Service Inc.  
Trip Registration

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## Personal Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_

Name of person to Notify in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

email: \_\_\_\_\_

Passport Number: \_\_\_\_\_  
Date of Expiration: \_\_\_\_\_  
Date of Issue: \_\_\_\_\_

Payment: A \$900 Deposit is due 90 days prior to trip departure date.  
Full balance is due 60 days prior to departure.  
There is absolutely no refund on trip deposits. There is no  
refund of any kind within 60 days of departure.

I prefer single accommodation instead of shared at the extra cost of \$40  
per day.     Yes     No

I prefer my own tent instead of shared at the extra cost of \$15 per day.  
 Yes     No

Trip Name: \_\_\_\_\_  
Departure Date: \_\_\_\_\_  
Method of Payment: Cash-Visa-MC-Cashier Check  
(Credit Card Payments add 3%)

## **Personal Health Information**

Your check mark on this form certifies that your answers and statements  
are true. Four Winds Himalayan Guide Service Inc. reserves the right to  
refuse service at the clients expense due to misrepresentation of medical  
and biographical information.

Do you have any physical conditions that we should know about?

Yes  No

If "Yes" please explain:

Do you have any mental concerns?  Yes  No

If "Yes" please explain:

What medications are you taking currently?

Do you have any known allergies?  Yes  No

If "Yes" please list:

When was your last physical? \_\_\_\_\_

Do you use corrective lenses?  Yes  No

Do you have first aid training?  Yes  No

Do you know current CPR technique?  Yes  No

Are you on any blood pressure medication?  Yes  No

If yes have you informed your doctor about your trip to Nepal and altitudes you will be traveling at?

What kind of physical condition would you consider yourself to be in?

Poor 1 2 3 4 5 6 7 8 9 10 Excellent

What kind of exercise regimen do you have?

Have you ever spent extended periods of time in the wilderness?

Yes  No

Where?

How long?

Have you ever traveled to a third world country? \_\_\_Yes \_\_\_No

Where?

Have you ever been to altitudes above 13,000 feet (4000 meters)?

\_\_\_Yes \_\_\_No

If "Yes" how many days did you spend above 13,000 feet? \_\_\_\_\_

Have you ever had any form of altitude sickness? \_\_\_Yes \_\_\_No

If "Yes" what was your rate of ascent?

At what altitude did this occur?

Have you ever had frostbite? \_\_\_Yes \_\_\_No

Do you have back or knee problem? \_\_\_Yes \_\_\_No

If "Yes" please describe:

Do you use a knee brace? Yes \_\_\_ No\_\_\_

Do you use an ankle brace? Yes\_\_\_ No\_\_\_

Do you have any ankle issues? Yes\_\_\_ No\_\_\_

If yes please explain:

Have you ever been institutionalized for any physical or mental disorder? Yes\_\_\_ No \_\_\_

If "Yes" please explain:

Please list any medications you will be taking on this trip and why:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Please list any supplements you will be taking:

- 1.
- 2.
- 3.
- 4.

Do you smoke? Yes\_\_\_ No\_\_\_

Do you complain when you are uncomfortable?

Do you drink caffeine? Yes\_\_\_ No\_\_\_

Would you mind using a toilet where the stench is horrible and cleanliness absent?

Would you mind not having access to a shower for 10 days?

Do you have a fear of heights? Yes\_\_\_ No\_\_\_

If a Yak crushed your camera how would you handle it?

Are there any food concerns?

Are you Gluten Free? Yes\_\_\_ No\_\_\_

Do you have any concerns you feel your guide should know about?

Please provide a brief history of your hiking or technical climbing experience:

I \_\_\_\_\_ certify that the above is true and correct.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

