



Allegheny River Wilderness Sojourn

Emergency Contact Information (Please Print Legibly!)

Your Name: _____ Date of Birth: Mo _____ Day _____ Yr _____

Name of person(s) who are attending sojourn with you: _____

Emergency Contact Information: Please provide us with two separate emergency contacts. They should NOT be attending the sojourn.

Name: _____

Name: _____

Address: _____

Address: _____

Relationship: _____

Relationship: _____

Phone Numbers:

Phone Numbers:

Home () - _____

Home () - _____

Cell () - _____

Cell () - _____

Work () - _____

Work () - _____

Your Physician's Name: _____

Physician Phone Number: _____

Health Insurance (HI) Provider: _____

HI Policy Number: _____ **HI Group Number:** _____

Do you have ANY medical conditions, *including allergies*, which we should know about? YES NO

If yes, please explain: (use reverse side if you need more space)