

LEADERS AND ASSISTANTS EXCHANGE THIS COMPLETED INFORMATION WITH EACH OTHER



Leader	
Assistant	
Outing	Trip # (Leader Use Only)

Last Name	First Name	Priority # (WBC use only)
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Address	City	Zip
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Home Phone	Work Phone
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Height	Weight	Date of Birth	Sex: Male	Female
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Physical Limitations

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Allergies

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Current Medications

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Doctor	Phone
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Insurance Company	Policy Number	Phone
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Emergency Contact	Address	Phone
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The **Sierra Club**, and/or its appointed leaders are authorized to obtain whatever emergency first aid or medical treatment is reasonable and necessary for me in the event of my illness or injury. I will assume full financial responsibility for any amount not covered by my insurance.

The **Sierra Club** DOES NOT provide transportation in private vehicles to/from/between outings/functions/events. I understand that transportation to/from/between **Sierra Club** outings/functions/events is my sole responsibility. I also understand that the **Sierra Club** DOES NOT provide insurance coverage for drivers of, or passengers in, private vehicles. I will maintain insurance coverage as required by the state of California when driving a private vehicle to/from/between outings.

Signed	Date
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**You must fill out the above portions of this form and sign it!**  
 The information required on this form is used to conduct safe outings.