

# AspireAlpine Application

## PERSONAL INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Age \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email \_\_\_\_\_ Relationship \_\_\_\_\_

## HEALTH INFORMATION

Height \_\_\_\_\_ Weight \_\_\_\_\_

Do you use tobacco?  Yes  No

If "Yes," how much and how often? \_\_\_\_\_

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Please describe your overall health: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had any major illnesses or injuries in the past 12 months?  Yes  No

If "Yes," please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been hospitalized for any reason in the past 24 months?  Yes  No

If "Yes," please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies or dietary restrictions? Please list below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently taking any prescription or non-prescription medication?  Yes  No

If "Yes," please list medications, dosages, and reasons for taking them: \_\_\_\_\_

\_\_\_\_\_

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Do you currently have, or have any history of the following?

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Back Problems      | <input type="checkbox"/> Neck Problems      | <input type="checkbox"/> Knee Problems      | <input type="checkbox"/> Ankle Problems    |
| <input type="checkbox"/> Arm Problems       | <input type="checkbox"/> Shoulder Problems  | <input type="checkbox"/> Dislocations       | <input type="checkbox"/> Head Injury       |
| <input type="checkbox"/> Migraines          | <input type="checkbox"/> Epilepsy/Seizures  | <input type="checkbox"/> Respiratory Issues | <input type="checkbox"/> Asthma            |
| <input type="checkbox"/> Heart Condition    | <input type="checkbox"/> Circulatory Issues | <input type="checkbox"/> Bleeding Disorder  | <input type="checkbox"/> Blood Disease     |
| <input type="checkbox"/> H/L Blood Pressure | <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Hypoglycemia       | <input type="checkbox"/> Cancer            |
| <input type="checkbox"/> Vision Impairment  | <input type="checkbox"/> Hearing Loss       | <input type="checkbox"/> Motion Sickness    | <input type="checkbox"/> Altitude Sickness |
| <input type="checkbox"/> Currently Pregnant | <input type="checkbox"/> Other              |   |  |

If you checked any of the above, please explain in detail. \_\_\_\_\_

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Please list any other health-related issues that could affect your ability to participate in an

AspireAlpine program: \_\_\_\_\_

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## FITNESS AND EXPERIENCE

I can comfortably run:

- 1 mile     3 miles     5 miles     More than 5 miles

I can comfortably hike with a daypack for:

- 2 hours     4 hours     6 hours     More than 6 hours

What is the heaviest backpack you have carried, and for how long?

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What is the highest altitude you have been to and where? \_\_\_\_\_

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Please describe your current level of fitness and exercise routine: \_\_\_\_\_

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Have you ever participated in a guided trip or instructional course with another guide service?

- Yes     No

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Please describe your mountaineering, rock climbing or ice climbing experience, if any: \_\_\_\_\_

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IF YOU HAVE A MOUNTAINEERING RESUME, PLEASE SUBMIT IT WITH THIS APPLICATION.

## ALL DONE!

I affirm that the information on this application is correct to the best of my knowledge:  Yes  No

I have read and agree to AspireAlpine's program policies (found on the website):  Yes  No

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this application, along with a mountaineering resume if available, to:

AspireAlpine  
3936 Indian Road, #3  
Ottawa Hills, OH 43606

If you have any questions about this application, you may reach us at  
419-654-0067 or [von@aspirealpine.com](mailto:von@aspirealpine.com).