

2020 2S Trails Application

Trip: ☐ June 20th, 2020 - June 27th, 2020 ☐ August 22nd, 2020 - August 29th, 2020 (Extreme Trip)

Personal Info:

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Date of Birth _____ / _____ / _____ Gender ☐ M ☐ F T-Shirt Size _____

Medical Info:

Do you have any allergies? (Food, Medicine, etc.) If yes, please list below.

Are you taking any medications? If yes, please list below.

Do you have medical training/certifications? (CPR, First Aid, Nursing, etc.) If yes, please list below.

Emergency Contact Info:

First Name _____ Last Name _____

Cell Phone _____ Home Phone _____

Work Phone _____ Relationship _____

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Referral:

How did you hear about 2S Trails?

- ☐ 2ndSaturday Event ☐ 2ndSaturday Email ☐ Facebook ☐ Instagram
- ☐ Friend _____ ☐ Other _____

Expectations:

Training

I understand that in order to participate in 2S Trails I must attend the mandatory training sessions. If I am unable to make a training session, I am responsible to communicate with my trail guides at 2S Trails no less than 1 week in advance. I understand that absences may result in losing eligibility to attend the trip.

Training Sessions

March 28th, 2020 from 10:30am - 12:00pm at REI on 5929 Northwest Hwy, Dallas, TX 75231

April 18th, 2020 from TBD at TBD (Practice hike that will likely last several hours)

May 16th, 2020 from TBD at TBD (Practice hike that will likely last several hours)

June 6th, 2020 from 10:30am - 12:00pm at REI on 5929 Northwest Hwy, Dallas, TX 75231

*There will be one or two additional training sessions for the Extreme Trip, likely mid-July and mid-August.

Training sessions are subject to change. Reasonable notice will be provided if the date, time, or location of a training session changes.

Deposit

I understand that if my application is accepted, a non-refundable deposit of \$250 is due in full no later than the first training session on March 28th, 2020. I understand that my fundraising goal is \$2,000 for 2ndSaturday CDC (or \$3,000, along with my spouse, if they are also going on the trip).

Medical Release

I understand that if my application is accepted, a signed release by a licensed medical professional is due by the final training session on June 6th, 2020. I understand that failure to provide the release may result in losing eligibility to attend the trip.

Signature _____ Date _____

Parental Signature (If Under 18) _____ Date _____