



## SWS Mountain Guides

210 East Lake St.

Mt. Shasta, Ca. 96067

mail@swsmtns.com

[www.swsmountainguides.com](http://www.swsmountainguides.com)

Phone: 888.797.6867 / Fax: 877.797.6867

### SWS Mountain Guides Expedition Application

This information is an important way for us to ensure an enjoyable and safe expedition experience for you and your fellow adventurers. If you have any questions about your ability, experience, skills, or conditioning to join one of our expeditions, don't count yourself out, please give us a call to discuss it with you. We have programs and information to prepare you for any of our expeditions. To reserve your space on the expedition, book online at [www.swsmountainguides.com](http://www.swsmountainguides.com) and e-mail form to: [tim@swsmtns.com](mailto:tim@swsmtns.com). or just give us a call @ 888.797.6867. If we determine that you do not have enough experience to participate in the Expedition we will give you a call to discuss the options available. Once you are accepted for the expedition all deposit and refund policies apply.

Expedition Name and Dates: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Passport # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Passport (exactly): \_\_\_\_\_ Country: \_\_\_\_\_

Please tell us about any medical problems or conditions you have. Please use the reverse side if needed:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any sensitivity to medications, antibiotics, insects (bee stings), or foods ?  
If yes please list:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any of the following Health Problems or Conditions?

(Please circle and explain) Altitude Sickness Asthma Chronic Back Problems Knee Epilepsy Migraine

Cold or Heat Intolerance Heart Problems/ Conditions High Blood Pressure Overweight Painful Menstruation  
Other

If Yes Explain here and on the reverse:

\_\_\_\_\_  
\_\_\_\_\_



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Please explain any prescriptions you need to take while on the expedition and describe use. Please use the reverse side if needed:

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Have you had any recent surgery?

If Yes Explain:

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Do you have any Dental Problems?

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If Yes Explain:

What is the highest Altitude you have experienced? \_\_\_\_\_

How many times have you been above 12,000 ft./3,600 meters? \_\_\_\_\_

Have you had any of the following Altitude Related illnesses?

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Mountain Sickness, Pulmonary Edema, Cerebral Edema If so explain number of times and severity.

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Climbing Experience: \_\_\_\_\_

\_\_\_\_\_ # of Years:

Rock Climbing Experience: \_\_\_\_\_ # of Years:

Snow or Ice Climbing Experience: \_\_\_\_\_ # of Years:

2nd & 3rd Class Mountaineering: \_\_\_\_\_ # of Years:

Backpacking / Hiking Experience: \_\_\_\_\_ # of Years:

Mountaineering Skills Development:

Date of Last Used:



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Ice Ax Self Arrest and Self Belay: \_\_\_\_\_ / \_\_\_\_\_

Cramponing Experience: \_\_\_\_\_ / \_\_\_\_\_

Belaying on snow, ice, or rock: \_\_\_\_\_ / \_\_\_\_\_

Crevasse Rescue Experience: \_\_\_\_\_ / \_\_\_\_\_

Rope Team Travel Experience: \_\_\_\_\_ / \_\_\_\_\_

Backpacking/Hiking Experience: \_\_\_\_\_ / \_\_\_\_\_

Please list any previous climbs or Expeditions you have participated in:

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Please briefly explain your current training schedule and planned training schedule for the expedition:

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Any special requests or things we should know?

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