HCVA Guest Registration Application

Which event are you applying for?

First and Last name –

Email and telephone number –

Age / Gender –

Height and Weight –

Boot size / Helmet size -

Allergies -

Medications -

Past pertinent medical History (current mental or physical) diagnosed or undiagnosed and self-reported injury/ailment \*Example\* - Depression, back issues, shrapnel, knee damage (MCL/ACL?), anxiety. Understand that nothing is specifically prohibiting you from participation, our medically qualified guides will review this information to ensure that we can provide a safe outdoor adventure for you and to be ready for any potential complications during the adventure -

Service occupation(s) –

Emergency Contact Name and telephone number –

Medical Insurance provider –

Do you fully understand the physical demands of the event for which you are applying?

Do you confirm or do you have your physician’s confirmation that you are physically able to participate in this event?

Do you have proof of Veterans status? This is required before any trip. Suitable proof of Veterans status can be made through State issued ID with Veteran indicator, DD-214 with photo ID, VA Health Card, or Retiree Military ID