



# Hiking Group List

TO BE FILLED OUT BY THE GROUP COORDINATOR

GROUP NAME \_\_\_\_\_

PROGRAM DATES \_\_\_\_\_

LEAD CHAPERONE'S NAME (Please Print ) \_\_\_\_\_

Instructions: Verify the number of hiking groups before you start. Divide the total number of students by 16 and round up. Each group should have about the same number of students.

Remember that each group must have at least one adult, but no more than two adults.

Medical/Diet Alerts: Next to each participant's name, please summarize all current medical conditions (e.g., syndrome, allergy, etc.) and diet restrictions (e.g., vegetarian, peanut allergy, etc.).

Medical/Diet Alert summaries are taken from each participant's completed *Registration Form*. Send us completed forms (along with *Registration Forms*) two weeks prior to your trip. Inform us immediately of any changes to your hiking group lists that occur after this form has been sent out.

LEAD CHAPERONE \_\_\_\_\_ DATE \_\_\_\_\_

Signature

TRAIL GROUP

MEDICAL/ DIETARY ALERTS (Please Be Specific)

- |              |       |       |
|--------------|-------|-------|
| 1.           | _____ | _____ |
| 2.           | _____ | _____ |
| 3.           | _____ | _____ |
| 4.           | _____ | _____ |
| 5.           | _____ | _____ |
| 6.           | _____ | _____ |
| 7.           | _____ | _____ |
| 8.           | _____ | _____ |
| 9.           | _____ | _____ |
| 10.          | _____ | _____ |
| 11.          | _____ | _____ |
| 12.          | _____ | _____ |
| 13.          | _____ | _____ |
| 14.          | _____ | _____ |
| 15.          | _____ | _____ |
| 16.          | _____ | _____ |
| CHAPERONE(S) |       |       |
| 17.          | _____ | _____ |
| 18.          | _____ | _____ |