

HIKER APPLICATION



First Name: _____

Last Name: _____

Age: _____

Birthday: Month _____ Day _____ Year _____

Gender: (circle one) Female Male

Email: _____

Phone (Home): _____

Phone (Cell): _____

Address Line 1: _____

Address Line 2: _____

City: _____

State/Province: _____

Communication Preference: Email Phone Text

Name of Parent(s) and/or Caregiver(s) (if applicable): _____

Names of family member(s) who may join you (provide age if under 18): _____

Height: _____

Weight: _____

Likes, dislikes, favorite activities? _____

Main diagnoses: _____

How long have you Been disabled? _____

Able to stand/bear weight on legs: Yes Yes, with assistance No

Describe overall muscle tone: Normal Low High Fluctuating

Ostomy (colostomy, urostomy, etc) Yes No

Please elaborate on your disability with more detail: _____

Is there any
additional
information which
you think might
be helpful to our
Sherpa/BIMT
Team:

I understand that I am submitting this application for the purpose of being reviewed as a potential “hiker” on an BIMT Israel trip.

Name:

Date:

Specific trip I
am applying
for:

Signature:

If you are under 18 years of age and would like to be considered as a “*Hiker*,” we require a parent’s signature. Thanks

Name:

Date:

Signature:
