

**Day Hike Screening form
AMC—Southeast MA Chapter**

Hike: _____ Date: _____ Leader: _____ Co-leader: _____

Special requirements if any for activity: _____

Registrants Screening

Name					
Address					
Phone Number					
Email address					
AMC hikes (last 6—9 months)					
Hiked with group?					
Experience Level-- (distance/elevation/seasons)					
Typical weekly exercise					
All required equipment?					
Activity-specific requirements?					
Any medical issues that we should be aware of?					
Medical Training?					
Accepted?					

Revised 12/28/2020 by Paul Brookes (Hiking Chair)