

Olympic Park Institute Hiking Group List



Instructions: Please use copies of this form to create group lists for all of your hiking groups.
You may type and email these list, or print copies and fax them in.

	Participant Name (First, Last)	Medical Condition	Diet Restriction
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			
16)			
	Staff Name (First, Last)	Medical Condition	Diet Restriction
1)			
2)			
3)			

I have reviewed the Registration Form completed for each participant and staff member in the hiking group, and have noted and/ or summarized here all listed current medical conditions and dietary restrictions. Initial ____