

JAMES RIVER GROTTO

CAVER INFORMATION DATA SHEET

PERSONAL INFO

NAME: _____
LAST FIRST M.I.

ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

NSS MEMBER? YES NO NSS No. _____ DATE OF BIRTH (mm/dd/yy) _____
MALE FEMALE

HOME PHONE: _____ WORK PHONE: _____
E-MAIL ADDRESS: _____

HAIR COLOR: _____ EYE COLOR: _____

EMERGENCY CONTACT: PLEASE PROVIDE INFORMATION FOR THE PERSON YOU WISH TO BE CONTACTED IN AN EMERGENCY. NAME: _____
ADDRESS: _____
PHONE - DAY: _____ EVENING: _____ RELATIONSHIP: _____

EXPERIENCE

ARE YOU AFFILIATED WITH ANY OTHER GROTTO
OR CAVING GROUPS? _____

WHAT IS YOUR CAVING EXPERIENCE? YEARS OF CAVING : _____ No. OF CAVES ENTERED: _____
DO YOU HAVE EXPERIENCE IN LEADING CAVE TRIPS? YES NO
IF YES, IN WHAT CAVES? _____

DO YOU HAVE ANY FORMAL VERTICAL, SRT, OR OTHER ROPE SKILLS TRAINING? YES NO
IF YES, EXPLAIN. _____

DO YOU HAVE ANY CAVE RESCUE, EMT, OR EQUIVALENT TRAINING? YES NO
IF YES, EXPLAIN. _____

WHICH OF THE FOLLOWING EQUIPMENT DO YOU OWN? VERTICAL: ASCENDING DESCENDING ROPE
RESCUE: _____ OTHER: _____

INTERESTS

CHECK THE FOLLOWING ACTIVITIES WHICH INTEREST YOU.

RIDGE WALKING <input type="checkbox"/>	SURVEYING/MAPPING <input type="checkbox"/>	VERTICAL CAVING <input type="checkbox"/>	CAVE EXPLORATION <input type="checkbox"/>
HOLDING GROTTO OFFICE <input type="checkbox"/>	SERVING ON COMMITTEE <input type="checkbox"/>	CAVE RESCUE <input type="checkbox"/>	CONSERVATION <input type="checkbox"/>
SOCIAL EVENTS <input type="checkbox"/>	FUND RAISING <input type="checkbox"/>	ATTEND GROTTO MEETINGS <input type="checkbox"/>	

EXPLAIN BRIEFLY WHY YOU WOULD LIKE TO BECOME A MEMBER OF THE JAMES RIVER GROTTO. _____

MEDICAL

ARE YOU AWARE OF ANY PRE-EXISTING PHYSICAL OR MENTAL CONDITION(S) THAT MAY PREVENT YOU FROM FUNCTIONING SAFELY IN THE CAVE ENVIRONMENT? (SUCH AS BACK, KNEE, OR WRIST INJURIES, CLAUSTROPHOBIA, BRAIN DAMAGE)? EXPLAIN. _____

ARE YOU ALLERGIC TO ANY MEDICATIONS? _____

DO YOU SUFFER FROM ANY OF THE FOLLOWING CHRONIC CONDITIONS? ASTHMA DIABETES HIGH BLOOD PRESSURE FATIGUE HALUCINATIONS SEIZURES COMMUNICABLE DISEASE OTHER: _____

I AM ABLE TO ENDURE AT LEAST (4) (6) (12) HOURS OF CONTINUOUS, STRENUOUS ACTIVITY

PLEASE READ AND SIGN THE WAIVER OF LIABILITY ON PAGE 2

JAMES RIVER GROTTO

Please read carefully and sign below.

WAIVER OF LIABILITY

I, the undersigned, do hereby release The James River Grotto, its officers, agents, or servants or others from any and all liability, claims, demands, actions, and causes of action whatsoever, arising out of or relating to any loss, damage, or injury, including death, that may be sustained by the undersigned while at or enroute to or from any expedition or project under supervision by or in connection with caving.

I understand that caving is dangerous, and that the cave environment presents risks of bodily harm and death resulting from falls, entrapment, hypothermia, and other caving related activities. The undersigned being duly aware of the risks and hazards inherent in caving or in participation in caving, does hereby elect voluntarily to participate knowing of said dangers.

This release shall be binding upon the distributees, heirs, next-of-kin, executors, and administrators of the undersigned and is given in consideration of the undersigned being allowed to participate in caving activities in which the released entities identified above are involved.

IMPORTANT: No persons under the age of 18 shall be permitted to participate in caving activities with or under the direction of The James River Grotto unless accompanied by his/her legal parent or guardian unless explicitly approved by the Trip Leader.

In WITNESS WHEREOF, the undersigned has hereto voluntarily affixed his signature.

FULL LEGAL NAME (Please Print)

SIGNATURE

DATE

SIGNATURE OF PARENT OR LEGAL GUARDIAN (if under the age 18)

DATE