

**Instructions: please download, electronically complete, & send form to**

[trailreadyprogram@gmail.com](mailto:trailreadyprogram@gmail.com)

**Do not complete this form directly from the description link- thanks!**

# Trail Ready Program™

## Registration & Enrollment Form

### Certification Session Selection

Please select your session day:

- Monday
- Tuesday
- Wednesday
- Sunday

Session Date (Month / Day / Year): \_\_\_\_\_

Because safety and  
readiness should  
always come first

### Participant Information

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact Information

- Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Phone: \_\_\_\_\_

### Medical Information

- Please list any medical conditions, allergies, or medications we should be aware of:

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**Acknowledgments (check each box):**

- I have read and understand the Trail Ready Program™ Handbook.
- I agree to follow all program rules, attendance policies, and requirements.
- I have signed the Waiver & Release of Liability form.
- I understand that certification is not guaranteed and must be earned.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

TRAIL  
READY

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