



Dates: Depart March 15, 2003 - Return April 15, 2003

Dear Prospective Team Everest '03 Team Participant,

Thank you for your enthusiasm for Team Everest '03! The Team Everest '03 campaign and fundraiser will be one of the most dramatic events in the national and international disability community. Led by Austin mountain climber Gary Guller, himself an amputee, it will spotlight the capabilities of people with disabilities. This event will promote 50 years of progress in advancing the conditions of those with disabilities while paralleling the much-anticipated 50th anniversary of the first summit of Everest.

The Coalition of Texans with Disabilities (CTD) is seeking highly motivated and qualified individuals with various disabilities, including at least one person using a wheelchair, to participate in the Team Everest '03 trek to Mt. Everest Base Camp (at a challenging altitude of 17,388') in March 2003. This grueling three-week trek is not for the faint of heart; if you do not relish the prospect of traveling and living in extreme conditions and temperatures day after day, and tent camping for three weeks, this trek is not for you. However, if you know that you are physically and mentally up for the unique challenge that this effort will entail, by all means, please apply!

Please keep in mind Team Everest '03 Trek members will be responsible for their personal expenses related to this trek. The total cost per member is \$6,100, which includes practically everything (e.g., international airfare from most major US cities, all meals and accommodation, etc.) except for items of a personal nature. We encourage team members to think creatively to raise the necessary funds for the Team Everest'03 adventure.

Please fill out the attached application form in its entirety, sign it, affix to it a passport-style photograph, and return the entire application to CTD main offices no later than June 1, 2002. CTD's address and FAX number are on the last page of the application. CTD will be conducting interviews with potential applicants both in person and on the phone throughout the first week of June 2002. Those chosen to be members of Team Everest '03 will be notified of the decision no later than June 15, 2002. A \$1000.00 deposit will be required upon confirmation, with the balance of \$5,100 due by December 1, 2002.

CTD will be holding Team Everest '03 press events throughout the year, and all interested parties are encouraged to attend if possible. For more information or if you have any questions about Team Everest '03 or the application process, please call us at (512) 478-3366 or email: info@teameverest.org

We look forward to hearing from you!

Sincerely,

Jodi Park
Disability Communications Director

TEAM EVEREST '03
Trekking Team Application

Attach passport
size photo here:



Date: ___/___/___

Personal Information:

Full Name (as it appears on passport): _____

Mailing Address: _____

City, State, ZIP: _____

Home Telephone: () _____

Work Telephone: () _____

Email Address: _____

Occupation: _____

Date of Birth: ___/___/___

Passport Number: _____

Passport Expiration Date: ___/___/___

Travel Medical Insurance:

Medical and evacuation expenses will be the responsibility of the participant. Because this trip is in a remote area where there is little or no access to medical services or hospital facilities for serious problems, your insurance should include foreign travel, medical evacuation and repatriation.

Insurance Provider: _____

Policy Holder's Name: _____

Insurance Contact Information: _____

Insurance Number: _____

Emergency Contact Information:

Name: _____

Telephone: () _____

Address: _____

Relationship: _____

MOTIVATION / QUALIFICATIONS (Please use a separate sheet of paper if necessary):

Why do you want to be a part of Team Everest '03?

Have you thought thoroughly about all of the ramifications of this challenge (time and financial commitment, potential emotional, physical, and medical toll)?

YES NO

What specific qualifications/experiences/skills do you have that would make you a good candidate for the Team Everest '03 Trekking Team?

HEALTH HISTORY

Should you be chosen for the Team Everest'03 Trekking Team, would you be willing to disclose your full medical records and current health status, including all health conditions, current prescription medications, and immunization history to the Team Everest '03 physician?

YES NO

Physician Name: _____

Physician Phone: () _____

Primary disability diagnosis: _____

Secondary disabilities: _____

FUNCTIONAL CAPABILITIES

Do you have any limitations or restrictions in the following areas?
Please describe, or write N/A if not applicable:

Mobility: _____

Cognitive Function: _____

Vision: _____

Hearing: _____

Emotional Endurance: _____

Physical Stamina: _____

Rate from 1-10: Average pain level during exertion: (0=none, 10=severe) _____

Are you accompanied by an aide? (if yes, please describe): _____

Other: _____

Date of last full physical examination: ___ / ___ / ___

Doctor's name (if different than current physician) _____

List and date any serious injuries/operations below (use back of page if needed):

___ / ___ / ___ :

___ / ___ / ___ :

___ / ___ / ___ :

List any recurring illnesses or chronic conditions below:

Do you have any dietary restrictions? If so, please describe:

Are you allergic to any of the following?

Pollens/Mold	YES	NO
Poison Ivy, etc.	YES	NO
Insect Stings	YES	NO
Penicillin	YES	NO
Other Drugs	YES	NO
Foods	YES	NO

Other (please describe): _____

Give the approximate dates of diagnosis and last treatment or write "NO" if not applicable. ALL spaces must be completed.

	Diagnosis	Last Incidence/Treatment
Heart Defect/Disease	_____	_____
Convulsions	_____	_____
Bleeding/Clotting Disorders	_____	_____
Hepatitis	_____	_____
Hypertension	_____	_____
Psychiatric Illness	_____	_____
Diabetes	_____	_____
Asthma	_____	_____
Use of Tank Oxygen	_____	_____
Circulatory Problems	_____	_____
Pregnancy	_____	_____
Cancer	_____	_____
Osteoporosis	_____	_____
Migraines	_____	_____
AIDS/HIV	_____	_____
Neurological Disorder	_____	_____
Chronic Fatigue	_____	_____

Other (please describe): _____

Diseases: List Approximate Date of Diagnosis

Chicken Pox	_____
Measles	_____
German Measles	_____
Mumps	_____
Mononucleosis	_____
Other	_____

Do you have a history of any of the following:

Sleepwalking	YES	NO
Fainting/Dizziness	YES	NO
Respiratory Infections	YES	NO
Motion Sickness	YES	NO
Altitude Sickness	YES	NO
Muscle Weakness/Paralysis	YES	NO

Please explain any "yes" answers below:

Please rate your assistance needs (on a typical day) on the following scale:

FA=need full assistance
PA=need partial assistance
MA=need minimal assistance
NO=need no assistance
N/A=not applicable

Ambulating _____
Transferring _____
Grooming _____
Toileting _____
Eating _____
Dressing _____
Communication _____
Bed Turns _____

Please explain any of the above needs in more detail, should you wish to:

Please list any adaptive aids/equipment you currently use or will be using during the trek (i.e.: corrective lenses, insulin pump, wheelchair, cane, prosthesis, hearing aids, communication device)

Will you need or be using any electrically dependent equipment during the trek?
(i.e.: respirator, communication device)

Do you have experience in high altitude conditions or in outdoor recreation or endurance activities?

YES NO

Please explain experience/activities below:

Please use the space below to give us any additional information about yourself that you would like us to know: (use back of page if needed)

REFERENCES:

1. Name _____
Relationship _____
Phone _____

2. Name _____
Relationship _____
Phone _____

3. Name _____
Relationship _____
Phone _____

I have completed this information accurately and to the best of my knowledge. I understand that if accepted, a non-refundable deposit of \$1000 will be due no later than July 1, 2002.

Signature _____ Date _____

Please fax or mail the completed, signed form to:

**The Coalition of Texans with Disabilities
316 W. 12th St. #405
Austin, TX 78701**

FAX: (512) 478-3370

Phone: (512) 478-3366