

## Four Sisters Mountain Ice Climbing and Mountaineering Expedition 2011

(3- 12 January 2012)

### Ice climbing and high altitude mountaineering at the snow peak of Four Sisters Mountain!

This expedition will start at primitive village near Rilong, Chengdu where we will learn about ice climbing and mountaineering technique. Following this there will then be an mountaineering expedition to Four Sisters Peak which is 5,025 metres high. Four Sisters Mountain Range is a high altitude environment covered which contain glaciated mountains, snow peak and alpine lakes. Along the trip, we will be fascinated by small Qiang and Tibetan villages.




The expedition is carried out at high altitude environment which will present a strenuous physical and mental challenge to participants! It is a true adventure.



Remarks: The expedition will be fully supported by local people and mountain guides. Participants are only required to carry their day packs for final expedition to Four Sisters Peak. However, due to the risk of high altitude sickness, participants should be physical fit and mentally prepare to an extended trekking.

## Details of the Trip

Destination:	Four Sisters Mountain, Chengdu, China		
Date of journey:	3 -12 January 2012 (10 days)		
Objectives:	<ol style="list-style-type: none"> <li>1. To enjoy trekking and mountaineering together with HKU members.</li> <li>2. To experience high altitude environment.</li> <li>3. To raise the awareness of environmental conservation.</li> <li>4. To improve self-esteem and responsibility by group adhesion and dynamics.</li> </ol>		
Activity:	<ul style="list-style-type: none"> <li>▪ Ice climbing</li> <li>▪ High altitude trekking</li> <li>▪ Peak climbing</li> </ul>		
Official:	Mr Matthew Fung, Sport and Recreation Officer, IHP, HKU		
Requirement:	<ul style="list-style-type: none"> <li>▪ Some hiking experience and physical fit</li> <li>▪ Willing to work with your team-mates and respect individual differences</li> <li>▪ Speaking Cantonese and Putonghua</li> <li>▪ Attend all the training workshop</li> </ul>		
No. of Participants	12 persons		
Fees:	Full time undergraduate	HK\$ 6,000	
	Staff and alumni	HK\$ 14,000	
Fee includes:	All technical climbing equipment. Training workshops Air ticket (including tax) & travel insurance Accommodation and mountain permit and food Instruction fee Mountain Permit		
Fee not includes:	Visa Personal clothing Meals in downtown		

## Traning Workshops

Training Session	Date / Day	Time	Venue
Briefing	21 Nov 2011	1900-2100	FHSC G 15
	28 Dec 2011	1000-1300	
Camping & hiking	26-27 Nov 2011	2D1N	Sai Kung
	17 Dec 2011	0900-1800	

## Enrollment

Enrolment Procedure	Fill the application form attached below and send it with the <b>cheque</b> payable to “The University of Hong Kong” to Flora Ho Sports Centre, 111-113 Pokfulam Road, Hong Kong (attn: Matthew Fung)  <i>Remarks: The application form is a tool for screening the appropriate applicants, please provide all your details which are to help us to confirm your application.</i>
Refund Policy	There is no refund for cancellation made by the participants. If the programme is cancelled, total amount of fee paid will be refunded to you.
Deadline	<b>18 November 2011</b>
Inquiries	Matthew Fung <a href="mailto:matfung@hku.hk">matfung@hku.hk</a> or 2819-8117

## Tentative Itinerary

Date	Day	Schedule	Remarks/ Activity
3 Jan	1	Depart to Chengdu	Stay at Chengdu
4 Jan	2	Chengdu – Rilong - Double Bridge Valleys	Stay at Double Bridge Valleys
5 Jan	3	Double Bridge Valleys	Ice climbing activity
6 Jan	4	Double Bridge Valleys - Rilong	Ice climbing activity
7 Jan	5	Rilong – River Camp	Trekking
8 Jan	6	River Camp – Base Camp of Four Sister Peak	Trekking
9 Jan	7	Base Camp– Summit- Rilong	Peak summit
10 Jan	8	Rilong - Chengdu	Stay at Chengdu
11 Jan	9	Chengdu	Stay at Chengdu
12 Jan	10	Flight to HK	Home sweet home

**The University of Hong Kong  
Institute of Human Performance**

**Four Sisters Mountain Ice Climbing and Mountaineering Expedition 2011**

**Application & Medical Form**

The programme/ course you applied is strenuous and requires physical exertion. We do not want you to engage in activities that could be detrimental to your health or which would be opposed by your doctor because of recent illness or surgery. The following information helps us to be aware of potential problems so we will be better able to help you enjoy the programme of HKU.

**PART I. GENERAL INFORMATION**

Name \_\_\_\_\_ University/ Staff/ Membership No.: \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Passport No. \_\_\_\_\_

I.D Card No. \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Outdoor skills & experience:

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Mission and objectives of joining the programme:

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Any other personal qualities?

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## PART II. MEDICAL HISTORY

Please check the appropriate column.

Have you ever had any of the following?

YES	NO		
___	___	Allergies	If yes please explain _____
___	___	Diabetes	
___	___	Heart Disease or Cardiac conditions	_____
___	___	Epilepsy	
___	___	Asthma	If yes, do you carry an inhaler? _____
___	___	High Blood Pressure	
___	___	Back Problems	
___	___	Dislocations	If yes, where? _____
___	___	Do you get cold easily?	
___	___	Do you currently smoke?	
___	___	Are you a former smoker?	When did you Quit? _____
___	___	Are you pregnant?	
___	___	Are you currently under a doctor's care?	
___	___	For what reasons?	_____
___	___	Are you currently taking any medications?	
___	___	If yes what type?	_____
___	___	Have you ever had an allergic reaction to insect bites or stings?	
___	___	If so, do you carry medication?	_____
___	___	Are there any limitations on your physical activities?	
___	___	If so, what are they?	_____
Any special dietary requirements? _____			

Please list all drugs or foods you are allergic to: \_\_\_\_\_

## PART III. EMERGENCY CONTACT

In the event of an injury or illness, please indicate who should be contacted:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

**PLEASE READ AND SIGN**

I affirm that the confidential medical information that has been provided is accurate and complete. I understand that failure to disclose this information could affect my own safety and those around me, and I agree to hold The University of Hong Kong harmless if full disclosure of a pre-existing medical condition has not been provided. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment that may become necessary.

PARTICIPANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Any additional information you think we should know, List below:

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