



AKRON HIKING CLUB

Thank you so much for the interest you have shown in our Club. You have completed the requirement of one hike with us and, upon receipt of your dues, you will officially become a new member. Enclosed please find a fact sheet with general information concerning the Akron Hiking Club and a New Member Enrollment form.

Please fill out the Member Application form and send with a \$10.00 check for dues (individual) or \$15.00 check (family) payable to AMPHC to:

Diane Lybarger
PO BOX 187
Lakemore OH 44250

(Cash cannot be accepted)

We publish a monthly newsletter, *Footprint*, containing the schedule of our hikes and other information. We will send the newsletter via your email on the attached application form.

You can also visit our website www.akronhikers.org at any time for the schedule of our hikes.

We are looking forward to seeing you on the trails!

Sincerely,

Diane Lybarger, Treasurer
Akron Hiking Club

Enclosures

The Akron Metro Parks Hiking Club (“AMPHC”) is a recreational non-profit organization founded in 1965. Our hikes are usually five miles and are scheduled throughout the month at different locations in Summit County and surrounding areas of Ohio. Many of our hikes are on trails in Cuyahoga Valley or one of the Metro Parks, and on sections of the Ohio & Erie Canal Towpath, and Bike and Hike Trails, although we also feature “neighborhood” walks on sidewalks and streets. Upon joining the club, a *Footprint* listing all the hikes and events for the upcoming month will be emailed to you or can be downloaded from our website at www.akronhikers.org.

After one hike as a visitor, an individual may join the Club for a yearly membership fee of \$10.00 for singles; \$15.00 for family.

Occasionally social events are included with a hike – such as lunch or dinner, ice cream stops, etc. Every summer the club hosts an annual picnic and in February the Soup/Chili hike is a great way to enjoy a winter day in the company of friends. An annual meeting and dinner is scheduled every October at which time we elect new Board officers. Our Trip Pathfinder plans at least one weekend trip each year along with a variety of day trips to places of interest (Geneva-on-the-Lake, Presque Isle, PA, Amish country, etc.) where we hike, have lunch and spend the afternoon visiting museums, historical places of interest, etc.

Mileage patches are awarded once a hiker has achieved a certain level of miles walked: 100, 250, 500, 750, 1000, 1500, etc. One of our members has hiked over 23,000 miles!

A FEW POINTERS ON HIKING ETIQUETTE AND GENERAL RULES

- It is a good idea to bring water and wear appropriate clothing and footwear. Trails are often muddy after periods of rain. In winter there may be ice. There are various safety items you can purchase for more traction to slip on the sole of your hiking boots that can help prevent slipping. A hiking ski-type pole or stick is a good investment.
- Depending on the pace of the hike set by the leader and the difficulty (easy to strenuous), our 5 mile hikes generally average 1-1/2 to 2 hours.
- Keep the hiker in front of you within sight at all times.
- A rear guard may be assigned on some hikes so that no hikers are left way behind.
- When walking on the Ohio & Erie Canal Towpath or Hike & Bike trails, keep to the right so bikers and runners may pass. Please remember that these are shared trails.
- On bridle trails, horses get the right of way. Please step to the side and let them pass.
- When walking along roads, face oncoming traffic.
- If you are in doubt if a hike will take place due to extreme weather, call the hike leader.

We are glad you have contacted us and are always happy to welcome new members!

**AKRON METRO PARKS HIKING CLUB
NEW MEMBER INFORMATION**

Please **PRINT**:

Name: _____ Individual Member
Street Address: _____ Family Membership
City, State, Zip: _____
Home Phone: _____ Age: _____
Cell Phone: _____
E-mail: _____

**YOU WILL RECEIVE THE FOOTPRINT (SCHEDULE OF HIKES) BY E-MAIL
OR YOU CAN FIND THE MONTHLY FOOTPRINT POSTED ON LINE AT:
WWW.AKRONHIKERS.ORG**

IN CASE OF EMERGENCY PLEASE NOTIFY

Name: _____
Relationship: _____
Address: _____
Home Phone: _____
Cell Phone: _____

MEDICAL INFORMATION

Do you have any medical problems we should be aware of?

If so, please list here: _____

Please fill out and return to:

Diane Lybarger
PO BOX 187
Lakemore, OH 44250

Date: _____

Please don't forget to include your check for \$10.00-Individual, \$15.00-Family.
Checks should be made payable to AMPHC. (Cash cannot be accepted.)