

**Student's Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Homeroom \_\_\_\_\_ Section: \_\_\_\_\_

**Address:** \_\_\_\_\_ **Birth date** \_\_\_\_\_ (y)\_\_\_\_(m)\_\_\_\_(d)

**Manitoba Medical – Reg # (6 digit #)** \_\_\_\_\_ **PHI # (9 digit #)** \_\_\_\_\_

**Emergency Contact Information:**

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

Daytime # : \_\_\_\_\_ Work # \_\_\_\_\_ Cell#: \_\_\_\_\_

**Alternate Contact:**

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

Daytime # : \_\_\_\_\_ Work # \_\_\_\_\_ Cell#: \_\_\_\_\_

**\*\* Skiing** \_\_\_\_\_

**\*\* Boarding** \_\_\_\_\_ **Board Stance: Regular (L foot forward)** \_\_\_\_\_ **Goofy (R foot forward)** \_\_\_\_\_

**Level of Experience:** Novice (0 -6 times) \_\_\_\_\_ Intermediate (7 – 15 times) \_\_\_\_\_ Experienced (16+ times) \_\_\_\_\_

Own Equipment **INCLUDING** Helmet \_\_\_\_\_

Renting all Equipment, (must complete rental info below) \_\_\_\_\_

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**\*\* Rental Information \*\***

Weight \_\_\_\_\_ (lbs)                      Height \_\_\_\_\_ (feet/inches)

Boot Size \_\_\_\_\_                      Age \_\_\_\_\_