



## REGISTRATION

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

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Pre-existing medical conditions: Yes ☐ No ☐  
If Yes, what: \_\_\_\_\_  
\_\_\_\_\_

Medication: \_\_\_\_\_

Ski ☐ Snowboard ☐

Years of riding: \_\_\_\_\_

Program: \_\_\_\_\_

Dates: \_\_\_\_\_

Parents name: \_\_\_\_\_

Parents Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Parents signature \_\_\_\_\_ Date \_\_\_\_\_

### FILLED OUT BY BOOGIE MOUNTAIN

Program:

Cost:

Date of payment:

Signature: