



SPEND YOUR WINTER AT THE MOUNTAIN

# REGISTRATION

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

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

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

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

Ski  Snowboard

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

Program /Lesson type: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

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

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

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

<p><b>FILLED OUT BY BOOGIE MOUNTAIN</b></p> <p><b>Program:</b></p> <p><b>Cost:</b></p> <p><b>Date of payment:</b></p> <p><b>Signature:</b></p>
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