



Application date:

2018-2019 SNOWBIRD SKI CAMP APPLICATION FORM

Full Legal name:		Gender:	
(First)	(Middle)	M · F	
Mailing Address:			
Home Phone: () -		Birth Date: (M/D/Y)	
Cell Phone: () -		Age:	Grade:
Fax: () -		Native Language:	
Email:		Do you speak Japanese? <input type="checkbox"/> YES <input type="checkbox"/> NO	
School Name:			
Gurdian's Name:		Cell Phone:	
		() -	
Emergency Contact: () -		Relationship:	
Health Information:			
Allergies: List ALL non-food allergies (bees etc...):			

Diet:			
1. List all food allergies (sellfish, peanuts, buckwheat etc...)			

2. Are you vegetarian? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list what you CANNOT eat.			

3. Please list all other special dietary needs & restricitons.			

Other Health Concerns:			
1. Are you taking any medications? <input type="checkbox"/> YES <input type="checkbox"/> NO			
List:			
2. Are there any physical activities you are restricted from doing? <input type="checkbox"/> YES <input type="checkbox"/> NO			
List:			
Any other commnet SNOWBIRD should be aware of:			

Ski experiences:		SAJ and SAJ Junior Skill Test:	
<input type="checkbox"/> Never <input type="checkbox"/> () days		<input type="checkbox"/> I would like to take the SAJ Junior Skill Test. (6th grader & younger)	
Level:		<input type="checkbox"/> I would like to take the SAJ Skill Test. (Only spring camp)	
<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced			
Ski outfit:		Size:	
<input type="checkbox"/> I have my own ski and boots.		Height: () cm Weight: () kg	
<input type="checkbox"/> I would like to rent ski and boots.		Shoe size: () cm	
<input type="checkbox"/> I would like to rent ski boots only.		Hat: () cm	
<input type="checkbox"/> I would like to rent ski only.		DVD:	
<input type="checkbox"/> I would like to rent a helmet.		<input type="checkbox"/> I would like to buy a DVD. (1,500yen)	
★We strongly recommend to wear a helmet for your safety.			
Insurance:			
<input type="checkbox"/> I agree to purchase travel insurance before leaving my country.			
Signature:		Date:	

★Please return this application form via email (info@utrek.org).