



Application date:

2019-2020 SNOWBIRD SKI CAMP APPLICATION FORM

| | | | | |
|---|----------|---|----------------------|--|
| Full Legal name: | | | Gender: | |
| (First) | (Middle) | (Last) | 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 ets...) | | | | |
| _____ | | | | |
| 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"/> First time <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. (1,000yen) | | |
| ★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).