

Please complete this form if you are interested in your child participating in the Banff Alpine Racers Community Ski Lessons. Please note limited numbers are available. Children outside the age requirement, unfortunately will not be accepted.

Childs Name:								
Childs Date of Birth: DD/MM/YYYY:/	<u> </u>	Age:						
Camp #1 – Jan 26,Feb2,9 ☐ <u>OR</u> Camp #2 –	Feb 23,ľ	Mar2,9						
Skill Level, please select Level 1 – Never Ever Level 2 – Can stop in a snowplow, skied a few tim Level 3 – Can stop and turn in a controlled manne Level 4 – Can ski comfortably on Cascade, ski in Level 5 – Skiing parallel, can ski blue runs Level 6 – Confident on all terrain, bumps and jum	er control							
Has your child skied in this program before?	YES		NO					
Has your child skied this season?	YES		NO					
Does your child require a lift pass?	YES		NO					
Does your child require skis, poles and boots?	YES		NO					
Parent/Emergency Contact: Name:								
Email address best for communication on program:								
Phone Number that is best reached while at Mt North Medical Conditions:								
Other Important Details:								