

EDMONTON NORDIC SKI CLUB
ADULT REGISTRATION FORM Winter 2008-09

Name _____ Phone _____
Address _____ City _____ Postal Code _____
Email _____
Have you applied for Club Membership? Yes No

I would like to apply for the following course(s) – see schedule on web-site for specific information.

Course Title	Course Date

Medical Information

Person to contact in case of an emergency: _____

Daytime phone _____ Evening phone _____

Backup Contact _____

Daytime phone _____ Evening phone _____

Do you have any of the following conditions or a history of any of these conditions?

- Asthma Bronchitis Heart or cardio-vascular problems/disease
 Diabetes Fainting spells Chronic bone, muscle or joint injuries
 Convulsions/seizures Migraine headaches Other conditions, please specify _____

How would you rate your fitness level

- Sedentary Moderately fit Very fit

Medical Emergency Permission

I understand that I must be healthy in order to safely participate in the ENSC classes. The health history is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the staff or volunteer to provide routine health care and seek emergency treatment. I agree to share the medical information on this form with only the instructors and class administrators. Date _____ Initial _____

Method of payment: Cheque _____ Cash _____

All Program fees are for instruction only. All course participants MUST be members of ENSC. Please submit application and fees to Iris Barrington Leigh at 9820 85th Ave., Edmonton, T6E 2J6

For further information: Jim Brohman brohman@shaw.ca or Iris Barrington Leigh irisbl@gmail.com

Signature _____ Date _____