



## Women in snowboarding clinic

First and Last Name:

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Birth date:

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Mailing Address (street, city, province and postal code):

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Phone #:

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Email address:

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Emergency Contact: (name and phone number)

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Food allergies, other allergies, medications, previous injuries and any other conditions that may affect your participation in this camp:

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Skill Level:

Years riding\_\_\_\_\_

How many days a season do you get out riding?\_\_\_\_\_

Have you ever participated in a ladies clinic before?\_\_\_\_\_

What would you like to get out of coming to this clinic?

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How did you hear about this clinic?

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Have you ever attended any snowboard clinics? If yes which ones?

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We accept MasterCard, Visa and Cheques made payable to Asessippi Ski Area

Mail registration form and signed color waiver to:

Asessippi Ski Area  
Attention: Shannon  
Box 70  
Inglis MB  
R0J 0X0

Waiver signed in color:?  
Y / N