

Climbing Gym Instructor Registration Form

Applicant Information

Name: _____

Date of Birth: _____ Year/month/day (example 75/08/19)

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____ Home Phone: _____

Work Phone: _____ Cell: _____

Email: _____

Note: Your contact information will be shared with other participants. Contact the CMSG office if you do not want your information shared.

Emergency Contact Information

Emergency Contact: _____

Relationship (i.e. father, mother, wife etc.): _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Home Phone: _____

Work Phone: _____ Email: _____

Medical Information

ALL applicants are required to complete the questionnaire below. (Y/N) If yes please specify and/or send in relevant details with your application package.

Do you have any drug allergies? _____

Do you take medications? _____

Do you have any Medical conditions that the instructors need to be aware of?

Please select Course that you are registering for. Include date and location of course or exam where appropriate.

CLIMBING GYM INSTRUCTOR LEVEL 1: _____

CLIMBING GYM INSTRUCTOR LEVEL 2: _____