# Registration Form

# Applicant Information

Name: Click here to enter text.

Date of Birth: Click here to enter text. Year/month/day (example 75/08/19)

Mailing Address: Click here to enter text. City: Click here to enter text.

Province: Click here to enter text. Postal Code: Click here to enter text.

Home Phone: Click here to enter text. Work Phone: Click here to enter text.

Cell: Click here to enter text. Email: Click here to enter text.

# 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: Click here to enter text.

Relationship (i.e. father, mother, wife etc.): Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text.

Province: Click here to enter text.

Postal Code: Click here to enter text. Home Phone: Click here to enter text.

Work Phone: Click here to enter text. Email: Click here to enter text.

# 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? Click here to enter text.

Do you take medications? Click here to enter text.

Do you have any Medical conditions that the instructors need to be aware of? Click here to enter text.

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

Climbing Gym Instructor Level 1 Exam: Click here to enter text.

Climbing Gym Instructor Level 2 Exam: Click here to enter text.