



## Adventurers School

1289 Parkdale Drive Victoria, B.C. V9B 4G9

## The Wilderness Survival Challenge

## Registration Application & Emergency Information

### A. Personal Data

Participant's Legal Last Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Name Used: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### B. Emergency Information

Personal Health Number: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication(s): \_\_\_\_\_

### **Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_

### **Office Use Only:**

Date Received: \_\_\_\_\_

Registration Paid: \_\_\_\_\_

Cheque: \_\_\_\_\_

Cash: \_\_\_\_\_