WE NEED THIS INFORMATION AS SOON AS YOU REGISTER.

PLEASE EMAIL, MAIL OR BRING BACK TO THE LEGACY CENTER. THANK YOU!

The Lehi Legacy Center 123 N Center Street Lehi, UT 84043

ahavea@lehi-ut.gov

Ski and Snowboard Student Information 2019

First Name: _____ Last Name: _____

Age: _____

- **Please mark which program you will be participating in.**

Skiing O Snowboarding O

- **Please mark what level best describes you.**

Level 0 (Never been) O Level 1 (Been a few times) O

Level 2 (Frequent skier/snowboarder) O Level 3 (comfortable on Black Diamonds) O

EMERGENCY CONTACT INFORMATION

PATIENT INFORMATION			
First Name:	**Last Name:**	**Date:**	
Age:	**Height:**	**Weight:**	
Home Address:	**Mailing Address:**	**Home #:**	**Cell #:**

EMERGENCY CONTACTS				
NAME	**RELATIONSHIP**	**HOME PHONE**	**CELL PHONE**	

MEDICAL CONDITIONS IF ANY		
1.	**2.**	**3.**

ALLERGIES TO MEDICATIONS IF ANY	
MEDICATION	**REACTION**

****Information will only be used in emergency****