

BC Extreme, An Adventure Centre
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Canada, V6K 1V5
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OFFICE USE ONLY	
Date Received _____	Acceptance Sent <input type="checkbox"/>
Paid \$ _____	Owing \$ _____
Rental Equipment _____	
Database updated <input type="checkbox"/>	

APPLICATION FORM – PARTICIPANT

Please make sure that all parts of this form have been completed. Further instructions, including a personal equipment list, will be forwarded to you upon receipt of this application by our office.

Name _____ F ' M '
Date of Birth (YY/MM/DD) _____ Age _____ Email _____
Address _____ City _____
Province/State _____ Postal/ZipCode _____ Phone# (____) _____
Course Name _____ Course Date _____ Cost _____

FEES: A deposit of \$200.00 is required with each application. The deposit less a \$50.00 administration fee, is refundable up to four weeks prior to the commencement of the course. The remainder of the fee (including equipment rentals) must be at the head office **two weeks prior to the beginning of the course.**

APPLICANT'S COMMITMENT

I agree to respect and follow the directions of the BC EXTREME Staff with regard to safety and course participation. I understand that, if I am unwilling to participate to the best of my ability, it is unfair and unsafe for the other participants and that I may be asked to leave the program. I am going to give this program my "Best Shot!" I am going to flex my "thrillicus maximus"

Signature _____ Date _____

How did you hear of BC Extreme? _____

IN CASE OF EMERGENCY:

(PLEASE COMPLETE ALL PARTS OF THIS SECTION – THIS IS CRITICAL INFORMATION)

CONTACT NAME: _____ PHONE #: _____

RELATIONSHIP: _____ ALTERNATIVE PHONE #: _____

ADDRESS: _____

STUDENT'S MEDICAL PLAN #: _____

NAME OF DOCTOR: _____ DOCTOR'S PHONE #: _____

PLEASE COMPLETE THE MEDICAL FORM AND WAIVER!