

**SKI DAY FORM**

**SKI DAY for 10A.P., 11A.P., IBDP I, Sec 1, Sec 2, 9 A.P., and 9 L.P.**

**CIRCULAR INTER & SEC No 3/AY 16-17**

**Dated: March 2, 2017**

Full Name: \_\_\_\_\_ Grade & Section: \_\_\_\_\_

Exact foot size: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Skiing level:        Beginners \_\_\_\_\_        Medium: \_\_\_\_\_        Advanced: \_\_\_\_\_

Medical case: \_\_\_\_\_

Medication: \_\_\_\_\_

Allergy: \_\_\_\_\_

Treatment/medication for allergy: \_\_\_\_\_

Special Diet in case of allergies:  
\_\_\_\_\_

I would like to register my son/daughter \_\_\_\_\_ in the ski day that will take place on March 14, 2017.

I would like to register my son/daughter \_\_\_\_\_ in the ski day that will take place on March 15, 2017.

We the parents/ guardians of \_\_\_\_\_ assume full responsibility for our son/daughter.

Parent's / Guardian's Name: \_\_\_\_\_

Parent's / Guardian's contact number in case of an emergency: \_\_\_\_\_  
\_\_\_\_\_

Parent's / Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_