

Date of Course _____

Skydivebc North

7745 West Beverly Road
Prince George, B.C. V2N 5A8
Ph: 250-964-8228
E-mail: jump@skydivebc.ca
www.skydivebc.ca

REGISTRATION FORM (PLEASE PRINT)

Name _____
(First) (Last)

Address _____
(Street) (City) (Prov. / State)

_____ (Country) (Postal / Zip Code)

Ph: H _____ W _____ Email _____

Date of Birth * Yr. _____ Mo. _____ Day _____ Gender F _____ M _____
(* Less than 19 years must have parental consent. Under 16 years must have parent present and must take tandem training)

Weight: _____ Profession/Employer: _____

Name of Group Organizer: (if applicable) _____ Ph: _____

How did you hear about the school? Have you visited our Website? Y _____ N _____

Yellowpages: _____ Newspaper: _____ Radio: _____ Poster: _____ TV _____ Sign: _____

Referred by (Name): _____

COURSE FEES INCLUDE COMPLETE TRAINING COURSE, EQUIPMENT RENTAL, AIRCRAFT FLIGHT, AND SUPERVISION. SUBSEQUENT INSTRUCTOR ASSISTED JUMPS AND FREEFALL TRAINING, MAY BE ARRANGED AT THE MANIFEST DESK. TANDEM PARACHUTE JUMPS AND VIDEO ARE ALSO AVAILABLE. ALL FEES ARE PAYABLE IN ADVANCE. MAKE CHEQUES PAYABLE TO: SKYDIVEBC NORTH. THERE WILL BE NO REFUNDS AND PARTICIPANTS OR THEIR PARENTS OR LEGAL GAURDIAN WILL BE REQUIRED TO SIGN A WAIVER OF LIABILITY PRIOR TO TRAINING. THOSE UNDER AGE OF 19 WILL REQUIRE WRITTEN PARENTAL PERMISSION AND THOSE UNDER 16 WILL REQUIRE THE PRESENCE OF A PARENT OR GUARDIAN AND MUST TAKE TANDEM TRAINING. COURSE AVAILABILITY DATES SUBJECT TO CHANGE PENDING UNFORESEEABLE CIRCUMSTANCES SUCH AS: WEATHER CONDITIONS, ETC.

I agree with the above conditions and allow Skydivebc North use of the information on this form.

Signature _____ Date _____

(OFFICE USE ONLY) First Jump Solo _____ Tandem _____ Retrain _____ Deposit _____ Price _____

PAID: Cash _____ Cheque _____ Visa _____ M/C _____ Debit Card _____

AUTHORIZED BY: _____ Waiver complete? _____

(Rev. Jan, 2008) Paid in full _____ Owes _____