

## Program Application

This form must be completed, signed, and returned as soon as possible to secure your space. Please print or type all information. If you fill in this form digitally, please print your name on the signature line. (If you are under the age of 18 a parent or guardian needs to sign for you).

Please note that prior to joining one of our AST programs all participants are required to sign an ACMG waiver, a copy of which can be found at [ACMG Waiver Sample](#).

**Program:** \_\_\_\_\_ **Date(s):** \_\_\_\_\_

### YOUR INFORMATION

Last Name		First Name	
Street			City
Prov/State	ZIP/Postal Code	Country	Date of Birth
Phone		Email	

### MEDICAL INFORMATION

Emergency Contact:	Relationship:	Phone:
Allergies:		
Medications:	Family Doctor:	
Medical Conditions:	Phone:	
Is there any other health or medical information you want us to know about:	Medical Insurance # and Carrier:	

By checking this box, you acknowledge that you have **read and agree** to the waiver terms and conditions prior to booking. As well you acknowledge that you will have to sign it in person at the start of the course/program.

By checking this box, you acknowledge that **drug and/or alcohol consumption during the activity is not acceptable**, and that if you decide to do so, the guide has the obligation to stop the course/program with no refund.

If photos of you are taken during your training or program, will you allow us to use them on our website and in social media? Yes  No

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

