SIERRA AVALANCHE CENTER Motorized Avalanche Class

Participant Information (please complete and submit upon enrollment)

| Contact Information Name: | | |
|---|--------------|-----------------|
| Address: | | |
| Email: | Cell: | |
| Emergency contact name: | Emergency co | ntact cell: |
| Physical and Medical InformationFitness level (choose one):PoorFair | Good | Excellent |
| Physical limitations and/or pertinent injuries: | | |
| Allergies, medications and purpose: | | |
| Medical limitations and/or pertinent medical information: | | |
| Riding InformationRiding ability (choose one):BeginnerInter | mediate | Advanced/Expert |
| Capable of riding off-trail in variable conditions? Yes | es No | |
| Equipment Information | | |
| Machine Type: Snowmobile Snowbike | Make/Model | |
| Machine is well maintained? Yes No | | |
| Machine is registered? Yes No | | |
| Check all that apply: Beacon, shovel, and probe. Essential gear must be worn/carried on self, and not in tunnel bag. An extra shovel in tunnel bag is recommended | | |
| DOT approved helmet and weather-appropriate gear | | |
| Spare belt and repair kit | | |
| Radio capable of operating on FRS/GMRS frequencies | | |

Level 2 students have taken a Level 1 and will have taken a Rescue class prior to the Level 2