SIERRA AVALANCHE CENTER Motorized Avalanche Class Participant Information (please complete and submit upon registration)

Contact Informati	on						
Name:	<u> </u>						
Address:							
Email:				C	ell:		
Emergency contact name:				Er	Emergency contact cell:		
Physical and Medi	cal Informat	ion					
Fitness level (choo	se one):	Poor	Fa	ir (Good	Excellent	
Physical limitation	s and/or per	tinent in	juries:				
Allergies, medicat	ions and pur	pose:					
Medical limitations	s and/or per	tinent me	edical infor	mation:			
Riding Informatio	_						
Riding ability (choose one):		Beginn	Beginner		iate	Advanced/Expert	
Capable of riding	off-trail in va	ariable co	onditions?	Yes	No		
Equipment Inform	nation						
Machine Type:	e	Snowbike	Make/Model/		/Year:		
Machine is well ma	aintained?	Yes	No				
Machine is registe	red?	Yes	No				
	-		_		orn/carriec	d on self, and not in tunnel bag.	An
DOT appro	ved helmet	and weat	her-approp	riate gear			
Spare belt	and repair k	it					

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

Radio capable of operating on FRS/GMRS frequencies