



Registration Form for Wilderness Medicine Courses

Contact Details

First Name:	Last Name:
Address:	City:
Province/State:	Postal/Zip:
Country	E-Mail:
Day Phone:	Evening Phone:

Personal Details

Date of Birth:	Gender:
Height:	Weight:

Emergency Contacts – Please list two people that we can contact in the event of an emergency

First Emergency Contact Name:	Second Emergency Contact Name:
Day Phone:	Day Phone:
Evening Phone:	Evening Phone:

General Expectations & Notes:

Any other information you would like us to have:
Where did you hear about this course: