

Alpine Recreation – Skiing & Snowshoeing Application Form

Please download this form, complete it and return it to Alpine Recreation, P.O.Box 75, Lake Tekapo, New Zealand; or fax to (03) 680 6765; or attach it to an e-mail to climb@alpinerecreation.com. Any information you provide will be treated as strictly confidential.

Trip details

Please enroll me for a **Ski / Snowshoe Touring Expedition**:
Date:

Contact details

First name: Last name:
Street / Post Box: City:
Post Code: Country:
Phone (home): Phone (work):
Fax: Email:

Emergency Contact details

Name: Relationship:
Phone: Address:

Personal details

Date of birth: Occupation:
Gender: Height (cm): Weight (kg):

Medical details

Please provide the following information about your health and fitness which may affect the adventure you are going to undertake. Circle the appropriate answer and answer all questions.

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|--|-------------------------------------|--------|
| A) Do you/have you suffered from: | - a heart condition? | Yes/No |
| | - high blood pressure? | Yes/No |
| | - epilepsy? | Yes/No |
| | - a bronchial disorder? | Yes/No |
| | - asthma? | Yes/No |
| | - diabetes? | Yes/No |
| B) In the last five years, have you: | - suffered any severe injury? | Yes/No |
| | - undergone any surgical operation? | Yes/No |
| C) Do you have any known allergies? | | Yes/No |
| D) Are you taking any medication? | | Yes/No |
| E) Do you suffer from any other medical condition(s) which might affect your ability to participate in a Ball Pass Crossing? Or any recurring sports injury? | | Yes/No |

If you have answered "Yes" to any part of A) to E) above, would you please elaborate?
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Dietary Requirements

Please indicate if you are vegetarian or have any other dietary requirements:
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Experience & Fitness

Please provide the following information about your outdoor experience and fitness. Circle the appropriate answer and answer all questions.

- A) My standard of Telemark / Alpine skiing is: beginner / safe turns on groomed slopes / safe turns in untracked snow (intermediate) / able to ski any terrain and snow (advanced) / expert
- B) How do you rate your fitness? Low/Average/Above average/Strong/Very strong
- C) I have the following experience in ski touring:

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NZAC Membership # (if applicable) or membership of overseas Alpine Club?

Cancellation

I accept the [booking conditions](#) and acknowledge that Alpine Recreation cannot refund any trip fees if a trip has to be cancelled after commencement due to unforeseen and uncontrollable circumstances (inclement weather, bad road conditions etc.). If I choose to cancel a trip, I will pay the appropriate cancellation fee as set out in the Company's [Booking Conditions](#).

Equipment

I agree that if I damage the Company's equipment beyond normal wear and tear or lose their gear on a trip, I will be liable for replacement or repair costs as the directors of the Company decide.

Payment

In order to secure a booking a 50% deposit of the tour price is required. The balance is due four weeks before departure date.

Please charge my credit card with NZ\$..... for the 50% deposit on the above tour in order to confirm my booking. Please charge my credit card with the balance four weeks before departure.

Card #: Expiry date:

Name: Card type:

Signature: **Date:**