Bridgeport Avalanche Center

Motorized Avalanche Class

Participant Information

(please complete and submit upon enrollment)

Contact Information

Name:

Email:

Cell Phone:

Address:

Emergency Contact Information

Emergency Contact Name:

Emergency Contact Phone:

Physical and Medical Information

Fitness Level

◯ Poor ◯ Fair ◯ Good ◯ Excellent

Physical limitations and /or pertinent injuries:

Allergies, medications and purpose:

Medical limitations and/or pertinent medical information:

Riding Information

Riding Ability
(choose one)

◯ Beginner ◯ Intermediate ◯ Advance/Expert

Capable of riding off-trail in variable conditions?

◯ Yes ◯ 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