

**SELKIRK BACKCOUNTRY LODGE, LTD.**  
**REGISTRATION FORM**

NAME: \_\_\_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day Month Year

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/state: \_\_\_\_\_ Country: \_\_\_\_\_ Code/zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell#: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY**

CONTACT: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/state: \_\_\_\_\_ Country: \_\_\_\_\_ Code/zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell#: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please list any special dietary requirements:

Please list any medical conditions (allergies, prescription drugs, diabetes, etc.):

Have you read and understood the waiver of liability? Please initial: \_\_\_\_\_

**NON-SCHEDULED OR EMERGENCY EVACUATION, RESCUE OR FIRST AID**

I acknowledge and agree that any non-scheduled or emergency evacuation, rescue or first aid will be my responsibility and will not be covered by the releases. Please initial: \_\_\_\_\_

Trip date: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_