

PARTICIPANT REGISTRATION

Participant name:			Age:	
Address:		City:	Zip:	
Phone #:		Email:		
Alternate contact (Parent/Guardian/Support Staff):			Phone:	
Disability affecting participa	ınt:			
Check any that applies:	☐ Subject to seizure	□ He	aring impaired	
	\square Visually impaired	□ No	n-ambulatory	
List any allergies:				
List any relevant medication	າ:			
Provide any information yo	u feel will assist staff in acco	ommodating the	e participant:	
☐ Photo Permission: I gran and all forms of publicity re	·	d/or video of th	ne participant to be used in any	
Mushing Camp Time	and Date (number 1-	4 your prefe	rred time/date)	
Each session has two time salong with a \$50 deposit, to			participants. Turn this form in, December 1 st .	
Session One: Janua	ry 9, 16, 23, 30			
10:30am – 12:30pm, or				
1:30pm	– 3:30pm			
Session Two: Febru	ary 6, 13, 20, 27			
10:30am – 12:30pm, or				
1:30pm	– 3:30pm			

Please visit NoblePawsAlaska.org/mushing-shool for more information.