



Peterson's Point Lake Lodge (The 'J' Group Ltd.)

P.O. Box 447 Yellowknife, NT X1A 2N4 Canada

Phone/Fax: 867-920-4654

E-mail: peter@ssimicro.com

Website: www.petersonspointlake.com

PHOTOGRAPHY REGISTRATION FORM

Contact Information	
Name:	
	Birth date (please write in full e.g. April 12,1966):
Mailing Address:	
	Height:
City/State/Province:	Weight:
Postal/Zip Code:	
Email address:	Emergency Contact
Phone # (home)	Relationship
Phone # (work)	Contact phone # (home)
Fax #:	Contact phone # (work)

Date of Scheduled Trip: _____

Health Information:

1. Do you have any of the following?

- Asthma
- Back Problems
- Heart Problems
- High Blood Pressure
- Epilepsy
- Diabetes
- Other (please list) _____

2. Do you smoke? Yes No

3. Are you taking any medications? If so, what are they?

4. Please list physical or health information that should be brought to our attention, for your safety and/or the safety of the group?

5. Do you have any allergies? Include food, environmental or medications.

6. I consider my physical condition to be:

- Below Average
- Average
- Above Average
- Excellent

Signature _____

Date: _____

Please sign & date that all information provided is correct