

<input style="width: 95%; height: 20px;" type="text"/> Last name	<input style="width: 95%; height: 20px;" type="text"/> First name
Date of birth: <input style="width: 150px; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Year</span> <span>Month</span> <span>Day</span> </div>	<input style="width: 95%; height: 20px;" type="text"/> Application or Contract No.

**Do you plan to take part in or, in the last 2 years, have you taken part in sky diving?**  Yes  No

**1** Total number of jumps done to date: \_\_\_\_\_

**2** Are you a member of a club?  Yes  No

- 3** Do you carry out or take part in:
- record attempts?  Yes  No
  - jumps in a professional capacity?  Yes  No
  - competitions, demonstrations, acrobatics or stunts?  Yes  No
  - jumps using experimental equipment?  Yes  No

**4** Date of last practised:   

Year
Month

**5** Have you definitively ceased participation in this sport?  Yes  No

**6** Additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby acknowledge and agree that the answers to the questions in this questionnaire are true and complete.

Signed at  on this  day of  20 .

<input style="width: 95%; height: 20px;" type="text"/> Signature of proposed insured or of legal guardian, if the proposed insured is under age 18 in Quebec or under 16 in other provinces.	<input style="width: 95%; height: 20px;" type="text"/> Signature of witness
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