

SKYDIVING SKILLS QUESTIONNAIRE



MR/MRS MS/MISS	GIVEN NAMES (AS SHOWN ON PASSPORT)	SURNAME / LAST NAME (AS SHOWN ON PASSPORT)	NATIONALITY OF PASSPORT	HEIGHT (INCHES/CMS)	WEIGHT (LBS/KGS)

Name by which you wish to be known (if other than above) _____ Date of Birth (dd/mm/yy) _____

Street Address _____ City _____

Region _____ Country _____ Post Code _____

Home Phone + _____ Work Phone + _____

Mobile + _____ Email _____

What is your first language? _____ How well do you speak English? _____

WHAT IS YOUR PREFERRED SKYDIVING DISCIPLINE?

Discipline	Check All That Apply
Freefall Relative Work (RW)	
Freefly	
Wingsuit (WS)	
Canopy Relative Work (CRW)	
Other - Please Describe	

SKYDIVING EQUIPMENT

Do you have your own skydiving equipment?	Yes	No
If so, please list:		
Container:		
Canopy Make:	Canopy Size:	
Reserve Make:	Reserve Size:	Date of Last Reserve Repack:
Wing Loading (or your jumpweight):		
Is your rig fitted with an AAD?	Yes	No
If so, what type?		
Are you bringing a wingsuit?	Yes	No
If so, what type?		
How many jumps have you done in this wingsuit?		

SKYDIVING CREDENTIALS

You will be taking part in a skydiving experience as part of a group. As well as skydiving, you may participate in Antarctic experiences including glacier travel, skiing, scrambling or climbing, and fat tire biking. Past experience and good training will contribute to your enjoyment and the overall well-being of the group. It is important for everyone in the group to have an acceptable level of fitness and skill.

Please describe your previous experience by answering the following questions as honestly and completely as possible so we can do our best to ensure you have a safe and enjoyable experience.

You will be landing on snow and ice and it will be cold. You will experience visuals unlike anything you have seen before. Having an appropriate level of previous experience plus proper gear and benefiting from the advice of our experienced team will ensure the jumps are comfortable and safe.

In the Past Experience sections, please only list what you have accomplished to date. Jumps or other experiences that are planned between now and your arrival in Antarctica should only be included under the Training section.

Are you a member of a national skydiving association?	Yes	No
If yes, which one?		
What license do you have?	License Number:	
Do you have a display jump license?	Yes	No
		License Number:
Have any restrictions or cancellations been placed on your license by any parachuting organization?	Yes	No
If yes, please explain:		
Do you have any ratings or endorsements?	Yes	No
If yes, please list:		
Do you have any packer or rigger ratings?	Yes	No
If yes, please list:		

PAST SKYDIVING EXPERIENCE

How many years have you been skydiving?
How many skydives have you done?
How many skydives have you done in the last 6 months?
How many Display Jumps (parachute jumps away from a registered Drop Zone) have you done?
How many Display Jumps have you done in the last year?
How many parachute jump landings have you done on snow or ice?
Please list where/when:
How many parachute jumps have you done in cold winter conditions?
Please list where/when:
How many parachute jumps have you done wearing winter gloves?

PAST GLACIER TRAVEL EXPERIENCE

Do you have roped glacier travel experience?	Yes	No
If so, where/when?		
Have you climbed out of a crevasse using prusiks or mechanical ascenders?	Yes	No
If so, where/when?		

PAST OUTDOOR EXPERIENCE

Have you travelled to remote mountain environments?					
		Yes	No		
Month/ Year	Details of Region/Activity	Name of Guide (if used)	Temperature	Number of Days	

How many years have you been active in winter sports?		
How frequently have you done winter sports in the last 2 years?	# of 1-2 day trips:	# of 7+ day trips:

List below any winter outdoor sports not previously mentioned in other sections.

Month/ Year	Details of Region/Activity	Name of Guide (if used)	Temperature	Number of Days

List below any winter/snow trips where you camped in a tent.

Month/ Year	Details of Region/Activity	Name of Guide (if used)	Temperature	Number of Nights

FIRST AID EXPERIENCE & TRAINING

Do you have any first aid experience/training?	Yes	No
If yes, please tell us the organization you trained with and when you received your certification.		

OTHER PAST EXPERIENCE

Please provide details on any other experiences you have had which may be relevant to skydiving in Antarctica e.g. rock climbing, ice climbing, mountaineering, marathons, triathlons, endurance events, extended backpacking trips, biking (road or mountain), multi-day adventures, etc.

PHYSICAL FITNESS

How often do you exercise? Please check the box to the right that best describes your level of activity.
<input type="checkbox"/> In good health, but do not have a regular exercise routine.
<input type="checkbox"/> Mainly exercise 1-2 times a week (e.g. a weekend hike, visit to the gym, short jog).
<input type="checkbox"/> Exercise 2-3 times a week with cardiovascular sessions lasting more than 45 minutes.
<input type="checkbox"/> Exercise more than 4 times a week with a mix of interval and cardiovascular sessions.
What physical activities do you do on a regular basis: Climbing, hiking, skiing, running, biking (mountain or road), other?

TRAINING

Describe your fitness routine leading up to your skydiving experience

Type of Training	Hours per Session	Sessions per Week
Gym Work		
Running		
Cycling		
Outdoor Exercise		
Other:		
Other:		

Please list below any other trips or training you have planned between now and when you arrive in Antarctica

SIGNATURE

I declare that the information provided is a fair representation of my skydiving and outdoor experience. I also declare that I know of no reason that should prohibit me from taking part in the experience or that would jeopardize other team members or myself.

Name: _____

Signed: _____ Date: _____

ALE reserves the right to check your credentials.