**首期山地户外运动技能师资培训——报名表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **网名** |  | | **性别** |  | **民族** |  |
| **毕业院校** |  | | | | **学历** |  | | |
| **身份证号** |  | | | | **微信号** |  | | |
| **手机号** |  | | | **工作单位** | |  | | |
| **E-mail** |  | | | **身高和体重** | |  | | |
| **详实通讯地址** |  | | | | | | | |
| **紧急联系人** |  | | | **紧急联系人电话** | |  | | |
| **近三年参加的户外运动相关培训、教育经历** | | | | **学历证书图片** | | | | |
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| **优秀学员证书图片** | | | | **其它证书或运动成绩等** | | | | |
|  | | | |  | | | | |
| **中级及以上证书信息** | | | | **中登协培训合作机构或AA及以上俱乐部**  **推荐意见** | | | | |
|  | | | | **推荐理由及意见：**  **单位（盖章）** | | | | |
| **综合情况** | | | | **备注（不明事宜、特殊需求等）** | | | | |
| 1. 平时是否吸烟？ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. 有无饮食禁忌或偏好？\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. 以往有无伤病史？\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. 其他任何疑问或需求？\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | | | | |