

## Giants Ridge Race Club

**Ski Season:** 20\_\_\_\_/20\_\_\_\_

<b>Athlete Information</b>	
Name: (last, first)	
Address: (street, city, state, zip)	
Home phone:	Cell phone:
Age: (as of December 31 this winter)	Date of birth:    /    /
Season Pass Holder at Giants Ridge:    ____ Yes    ____ No	
School:	Grade:
High School Team:    ____ Yes    ____ No	USSA:    ____ Yes    ____ No

<b>Parent/Guardian Information</b>		
Name: (last, first)		
Address:		
Home phone:		
Cell phone:		
Work phone:		
E-Mail:		

Emergency Contact (Name & Telephone Number):
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Physician:	
Phone #:	Hospital Preference:
Medical Insurance Company:	
Group#:	Policy #:
Provider Phone:	

Do you have any physical or medical conditions which your coaches should be aware of or which may impact your ability to perform? If yes, please explain. <hr/> <hr/>
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Helmets are required at all practices and Races.

All participants in program are expected to adhere to the club rules of conduct.

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I understand ski racing to be a dangerous sport. I accept the risk of ski racing. I agree not to hold Giants Ridge Race Club or any of the coaching staff responsible for any injuries received during racing or practice. I authorize Giants Ridge Race Club to secure any medical treatment my athlete may need.

Signature of Parent/Guardian: \_\_\_\_\_