

Registration Form for Silver Run Ski Education Foundation –Summer Camp 2010

Name _____ USSA Number _____
Age _____ Date of Birth _____ Date _____
Full Camp _____ Lodging _____ Half Camp _____

Father's Name _____
Mother's Name _____
Physical Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
E-mail Address of parents _____
Email Address of athlete _____
Mother's Phone Day-() _____ Night-() _____
Father's Phone Day-() _____ Night-() _____
Other Phone Numbers _____

Medical Release

We (I) _____, the parent (s) or guardian (s) of _____
A minor entrust such minor into the care of Silver Run Ski education foundation adult coach (es) or adult chaperon (s) for those periods of time this ski season when the above named minor is attending practice sessions or races as a member of Silver Run Ski Education Foundation. In such connection we authorize such caring adult (s) to obtain medical aid for our son/daughter in case of injury or illness. It is understood that ever effort will be made to contact us if medical an attention becomes necessary.

Signature of Parent (s)/ Guardians _____ Date _____
_____ Date _____

ATHLETE INFORMATION

Allergies _____

Medication _____
Other Medical Information _____

INSURANCE COVERAGE (REQUIRED)

Company Name _____ Policy Number _____
Insurance Company Phone Number _____