

Moonlight Basin Freeride Team 2009 - 2010

ATHLETE INFORMATION

Athlete's Name: _____

Parent / Guardian Names: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Birthdate: _____ Age: _____

Email: _____

Last Season, 08/09, I participated in:

- SnowSports School All Mountain Kids This is my first season

EMERGENCY CONTACT INFORMATION

Contact 1: Phone:

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Registration due November 15th, 2009

- 16 weeks / 4 Day Holiday CampCost \$750

Please indicate which 4 day holiday camp you will be attending as part of the program.

- Camp 1 (Dec 27/28 & 30/31) Camp 2 (Feb 15/16 & 18/19) Camp 3 (Mar 15/16 & 18/19)

Please indicate any additional holiday camps you wish to attendCost \$250 per camp

- Camp 1 (Dec 27/28 & 30/31) Camp 2 (Feb 15/16 & 18/19) Camp 3 (Mar 15/16 & 18/19)

PAYMENT INFORMATION

- Visa/MasterCard Discover American Express Cash Check #:

Credit Card #: SSV #:

Expiration Date: Name on Card:

Billing Address:

Cardholder Signature: Date:

2009/2010
Moonlight Basin
Medical Release and Consent to Emergency Care

Athlete Information

Athlete Name: _____

Operations or serious injuries (include dates) _____

Disability or chronic recurring illness _____

Activities limited by physician _____

Allergies

Food _____

Medical _____

Date of last physical exam _____

EMERGENCY INFORMATION

Family Physician _____ Phone # (____) _____

Insurance Carrier Name _____ Policy # _____

Does participant have any special needs or medical problems we should know about? _____

List medications needed, if necessary? _____

What action should be taken in the event of a medical emergency?

Whatever is necessary Other _____

Person(s) to contact in case of emergency other than parent/guardian:

1. Name _____ Phone # _____

2. Name _____ Phone # _____

Signature of Parent or Legal Guardian for Medical Release

Print full name _____

Signature _____ Date _____