

**PANORAMA MOUNTAIN FREERIDE CLUB: ATHLETE REGISTRATION - SEASON  
2009/2010**

**PARENT INFORMATION, MOM INFO:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_ Postal Code \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_  
Email \_\_\_\_\_

**DAD INFO:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_ Postal Code \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_  
Email \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**ATHLETE 1:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
                  DD   MM   YY  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Health Care # \_\_\_\_\_  
MALE/ FEMALE \_\_\_\_\_ Years of Skiing \_\_\_\_\_

Medical Information for Coach:  
\_\_\_\_\_

**ATHLETE 2:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
                  DD   MM   YY  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Health Care # \_\_\_\_\_  
Male/Female \_\_\_\_\_ Years of Skiing \_\_\_\_\_

Medical Information for Coach:  
\_\_\_\_\_

**PROGRAM:**

JUMPS AND BUMPS ( AGE 4-12)\_\_\_\_  
YOUTH FREESTYLE TEAM ( AGE 12 AND UP)\_\_\_\_

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**WAIVER:**

I, the undersigned, being the Parent or Guardian of the registered names, athlete(s) am aware of the danger and potential injury associated with participation in Freestyle skiing and all associated activities. I agree to hold Panorama Mountain Freeride Club and its Directors, Officers, Coaches and Members harmless and free of all liability for any accident or injury involving the registered names, athlete(s), whether at the skiing location, in transit, or sojourning.

I agree, as a club member to be responsible for the sale of 4 tickets to the clubs fundraising event, (Snowflake Gala).

Parent's Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_