

**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)____

PROGRAM:

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

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 _____