



## 2009-2010 Contact Info: PEAK

**Participant's name:** \_\_\_\_\_

Note: Please fill out a separate form for each child registered in a program.

Age: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.

Parents' or Legal Guardians' names: \_\_\_\_\_

Best Way to Contact: \_\_\_\_\_

Local phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Participant e-mail: \_\_\_\_\_

(For information on après ski events, and special activities)

Parent's e-mail: \_\_\_\_\_

(We will cc you on all communications with your kids)

**Motorola radio channel:** \_\_\_\_\_

Please list any allergies, medical conditions or special needs that the coaches should be aware of:

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Note: Please fill out a separate form for each child registered in a program.

I, the undersigned parent/ guardian, authorize the Stratton Junior Ski School to obtain medical aid in case of illness or injury, and to have equipment adjusted by an authorized technician if necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PLEASE PRINT CLEARLY. Thank you!**

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