



Seasonal Program Emergency Contact Form

Participant's name: _____

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

Seasonal Program: _____

Age: _____ Height: _____ ft. _____ in. Weight: _____ lbs.

Crossroads/Little Crossroads Only: Shoe Size _____

Parents' or Legal Guardians' names: _____

E-Mail: _____

Local phone number: _____ Cell phone number: _____

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

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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