



Ski Blandford RACE TEAM APPLICATION 2018/2019

To Order:

Fill out the form and mail payment to:

Ski Blandford
P.O. Box 760
Blandford, MA 01008

Or, call **413-848-2860**

Parent/Guardian Full Name _____ Email Address _____

(_____) _____ (_____) _____
Home Phone Cell Phone

Mailing Address _____ City _____ State _____ Zip _____

RACERS MUST BE A SKI BLANDFORD SEASON PASSHOLDER

Paid or postmarked by 11/30 check prices in RED.
12/1 and later check prices in BLACK.

Applicant Information

			Development	Interclub	Tri-State	Christmas Camp
FULL NAME (first, last)	USSA# (If applicable)	DATE OF BIRTH	<input type="checkbox"/> \$350 <input type="checkbox"/> \$385	<input type="checkbox"/> \$425 <input type="checkbox"/> \$475	<input type="checkbox"/> \$475 <input type="checkbox"/> \$525	<input type="checkbox"/> \$225
FULL NAME (first, last)	USSA# (If applicable)	DATE OF BIRTH	<input type="checkbox"/> \$350 <input type="checkbox"/> \$385	<input type="checkbox"/> \$425 <input type="checkbox"/> \$475	<input type="checkbox"/> \$475 <input type="checkbox"/> \$525	<input type="checkbox"/> \$225
FULL NAME (first, last)	USSA# (If applicable)	DATE OF BIRTH	<input type="checkbox"/> \$350 <input type="checkbox"/> \$385	<input type="checkbox"/> \$425 <input type="checkbox"/> \$475	<input type="checkbox"/> \$475 <input type="checkbox"/> \$525	<input type="checkbox"/> \$225
FULL NAME (first, last)	USSA# (If applicable)	DATE OF BIRTH	<input type="checkbox"/> \$350 <input type="checkbox"/> \$385	<input type="checkbox"/> \$425 <input type="checkbox"/> \$475	<input type="checkbox"/> \$475 <input type="checkbox"/> \$525	<input type="checkbox"/> \$225

RACE TEAM MEMBERS ONLY MUST SUBMIT

USSA Card, proof of Tri-State membership and a copy of their insurance card

By completing this application I give my approval / consent for the participation of my son / daughter on the Ski Blandford Race Team. I am aware of the risks and hazards incidental to such participation and I certify that he /she is physically fit to take part in all activities. I will not hold program authorities, staff or Blandford Ski Area LLC or the Ski Blandford Race team responsible in the case of accident or injury as the result of his / her participation. Permission is granted for the applicant to be given treatment by Ski patrol or at a local hospital and I will assume all responsibility for payment to said institution. I also grant program literature or publicity to promote said ski team. I pledge his/her compliance to all program rules and understand that should he/she be dismissed from the Ski Blandford Race Team for any conduct not in the best interest of the program no part of the registration fee will be refunded.

_____ INITIALS

Skiers are occasionally photographed and video recorded as part of training. I give permission for Ski Blandford to use these on their website or for other promotional purposes.

_____ INITIALS

Parent / Guardian Signature _____ DATE _____

 **Ski Blandford** EMERGENCY MEDICAL CARE CONSENT

I authorize the Ski Blandford to seek emergency medical care if needed for my child.

Physician		Physician Phone #
Address		
Allergies		
Medications		
Health Concerns		

Emergency Contacts in case parents are unable to be reached:

Contact Name		Contact Phone #
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Do you give permission for your child to be released to this person? Yes _____ No _____