

# OTIS RIDGE SKI TEAM APPLICATION 2018-19

\*By completing this application I give my approval/consent for the participation of my child on the Otis Ridge Ski 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 Otis Ridge Ski Area or the Otis Ridge Ski 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 pledge his/her compliance to all program rules and understand that should he/she be dismissed from the Otis Ridge Ski Team for any conduct not in the best interest of the program no part of the registration fee will be refunded.

Initials \_\_\_\_\_

\* I acknowledge that these programs require the skier to be able to ride all lifts safely; ski all Otis Ridge terrain; and the skier may be at times required to ride the lift alone or with the general public. Initials \_\_\_\_\_

\*Skiers are occasionally photographed and/or videotaped as part of training. I give permission for Otis Ridge Ski Team and/or Otis Ridge Ski Area to use these on their website or for other promotional purposes. Initials \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Racer's Name \_\_\_\_\_ DOB \_\_\_\_\_ USSA # \_\_\_\_\_

Racer's Name \_\_\_\_\_ DOB \_\_\_\_\_ USSA # \_\_\_\_\_

Racer's Name \_\_\_\_\_ DOB \_\_\_\_\_ USSA # \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ email address \_\_\_\_\_

TEE SHIRT SIZE (CIRCLE ONE) ADULT XXL XL L M S CHILD XL L M S XS

COACHING FEE: INTERCLUB RACE TEAM \$300

PRACTICE ON SATURDAYS AND NON-RACE DAY SUNDAYS 10-3 STARTING SAT 12/29 (SNOW ALLOWING)

OTIS RIDGE SKI AREA – 159 MONTEREY RD – OTIS MA 01253  
P - 413/269-4444 F – 413/269-4650 E – info@OTISRIDGE.COM

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**EMERGENCY MEDICAL CARE CONSENT**

I authorize the Otis Ridge Ski Team to seek emergency care if needed for my child \_\_\_initials

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Health Concerns \_\_\_\_\_

**EMERGENCY CONTACT(s) in case parents are unable to be reached**

Name \_\_\_\_\_

Contact # \_\_\_\_\_

Do you give permission for your child to be released to this person? YES \_\_\_ NO \_\_\_