



OTIS RIDGE SKI TEAM APPLICATION 2019-20

*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 12/28 (SNOW ALLOWING)

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

OTIS RIDGE SKI TEAM APPLICATION 2019-20



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 ___