

THUNDER RIDGE RACE TEAM REGISTRATION FORM

2016-2017 SEASON

Primary Race Team information email contact _____

Additional Race Team information email contact _____

Your email address will be shared with the Thunder Ridge Race Team Parent Organization for distribution of additional information relative to your child's races.

Racer's Name _____ DOB _____ Age _____ Sex _____

Street _____ City _____ State _____

Zip _____ Phone _____ Email _____

School Attending _____ Grade _____

Clubs or activities: _____

Parent Information

Father's Name _____

Address _____

Phone _____ Email _____

Father's Employer _____ Occupation _____

Address _____

Bus. Phone _____ Cell Phone _____

Mother's Name _____

Address _____

Phone _____ Email _____

Mother's Employer _____ Occupation _____

Address _____

Bus. Phone _____ Cell Phone _____

Emergency Name _____ Emergency No. _____

Doctor _____ Phone _____

Doctors Address _____

Insurance Carrier _____

Policy No. _____ Exp. Date _____

Allergic to any medication _____ If yes, please list _____

Any physical disorders (asthma, diabetes, etc.) _____

	By Nov. 6th Coaching Fee	After Nov. 6th Late Fee	Level (please circle)
Race Team Coaching Fee	\$745	\$795	U21/U19/U16/U14/U12/U10
Developmental Team Coaching Fee	\$598		Devo

Deduct \$25 from each **additional** child's coaching fee.

Paid: CA/CK/V/MC/AX/D _____

Exp. Date _____ CID # _____ Check # _____ Date _____

Thunder Ridge Ski Area – Race Team

P.O. Box 277, 137 Birch Hill Road, Patterson, New York 12563

www.thunderridgeski.com - Phone: 845-878-4100 - Fax: 845-878-4172

email: mdidio@thunderridgeski.com