

# THUNDER RIDGE RACE TEAM REGISTRATION FORM

## 2018-2019 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.) \_\_\_\_\_

	<b>By Nov. 3rd Coaching Fee</b>	<b>Level (please circle)</b>
<b>Race Team Coaching Fee</b>	<b>\$835</b>	<b>U21/U19/U16/U14/U12/U10</b>
<b>Developmental Team Coaching Fee</b>	<b>\$650</b>	<b>Devo</b>

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](mailto:mdidio@thunderridgeski.com)**