



**2011/2012 TEAM SUMMIT FREESKI WINTER CAMP REGISTRATION**

**This form needs to be completed by all camp athletes.**

**\*All Athletes must pre register For All CAMPS.**

**Woodward private Team time**

\_\_\_ November                      \$35/Day for Team Summit Colorado members  
\_\_\_ December                     Check Freeski calendars for dates and times  
\_\_\_ January

**Thanksgiving Camp – Copper Mountain**

\_\_\_ November 25<sup>th</sup> -27<sup>th</sup>      \$150

**Xmas camp- Arapahoe Basin**

\_\_\_ December 27<sup>th</sup> - 30<sup>th</sup>      \$200

**Balance Due in full BEFORE camp**

**Participants Name:**

\_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **USSA#** \_\_\_\_\_

**Parent Name and Email Address:**

\_\_\_\_\_

**Phone Number: (home and cell)**

\_\_\_\_\_

**Emergency Contact: (Name &Cell)**

\_\_\_\_\_

**Payment:** Camps need to be paid in full at time of registration. Please make checks payable to Team Summit. Credit Cards:

Type \_\_\_\_\_ Number \_\_\_\_\_ Exp \_\_\_\_\_

**Liability Releases:** All participants must sign a Team Summit Colorado liability release and accompanying resort liability release.

Questions? [Chris@TeamSummit.org](mailto:Chris@TeamSummit.org)  
Please mail or fax your registration to:  
Team Summit PO Box 3307  
Copper Mt, Co 80443  
Team Summit fax number 970^968^2620

**TEAM SUMMIT**

**2011/2012 Medical Information Form and Permission to Treat**

Athlete's Name: \_\_\_\_\_

**Medical Information**

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Describe any medical condition(s) or special medications that Team Summit should be aware of:**


**Allergies:**

\_\_\_\_\_

**Medications:**

\_\_\_\_\_

**Permission to Treat:**

Since injuries do occasionally occur in athletics, Team Summit needs your permission to treat your child in an emergency situation. Please fill in and sign the form below.

You have my consent to treat \_\_\_\_\_ in an emergency medical situation.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent's Name Printed**