



2011/2012 TEAM SUMMIT SNOWBOARD 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 Members
___ December Check Calendars for Dates and Times
___ January

Thanksgiving Camp – Copper Mountain

___ November 25th-27th \$150

Xmas camp- Keystone

___ December 27th- 30th \$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.

USSA Membership: All participants must have a current USSA membership. Renew your membership now as your card expires June 2011. Sign up now at www.USSA.org.

Questions? Info@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