

(circle)

**Junior Development Teams:**

Cooper Camp ONLY

JR Devo Team

JR Training Team

JR Competition Team

**J3 Teams:**

J3 Weekend only

J3 Full Time

**2008-2009**

**Cooper Spur Race Team Application & Release**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Gender (circle one) M F \_\_\_\_\_ Age (as of 12/31/08) \_\_\_\_\_

Mail Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone- Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_ Alternate ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Additional E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Siblings on Cooper Spur Race Team: \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY:** *Please list relatives, friends, or other guardian.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Company Policy # \_\_\_\_\_

Doctor's Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Special Conditions (allergies, contact lenses, diabetes, heart trouble, medications, etc.): \_\_\_\_\_

**Medical Release:**

We do hereby authorize any licensed physician and/or responsible staff member of any hospital in any state to administer whatever treatment of \_\_\_\_\_ (skier's full name). We consent to any examination, administration of any medication or anesthetic and medical and/or surgical treatment or other hospital services rendered under the general or special instruction of such physician or hospital staff person. This release is valid from October 1, 2008 through September 30, 2009. Every attempt will be made to contact parents or a legal guardian of SKIER in the event emergency medical care is needed. Some hospitals, however, will not accept verbal authorization for treatment.

**Signature** \_\_\_\_\_ (parent or legal guardian) Date \_\_\_\_\_