paid___/___/___ C.C Check # Cash

2009-2010
Cooper Spur Race Team Application & Release

		(circle)		
Cooper Camp	JR Devo Team	JR Training Team	JR Competition Team	J3 Team
$300	**$650**	**$800**	**$950**	**$1250**

Name Birthdate

Gender (circle one) M F Age (as of 12/31/09)

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, 2009 through September 30, 2010. 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_____