

**Kelly Canyon Ski Team
Registration and Release Form**

Racer Last Name _____ First Name _____

DOB _____ Gender _____ Travel Team Development Team

Mailing Address _____ Zip Code _____

Home Phone _____

School _____ Grade _____ Skiing Experience (yrs) _____

Father's Name _____

Telephone Numbers: Home _____ Work _____ Cell _____

Address (if different from above) _____ Zip Code _____

Email Address _____

Email is the primary form of communication with parents.

Mother's Name _____

Telephone Numbers: Home _____ Work _____ Cell _____

Address (if different from above) _____ Zip Code _____

Email Address _____

Medical and Travel Release Form

Treating Physician _____ Phone No. _____

Name of Emergency Contact other than Parent _____

Address _____ Phone No. _____

Medical Conditions or Known Allergies _____

I, Parent/Guardian of the minor child _____, know and understand that skiing and ski racing as well as travel to ski areas are hazardous activities and that serious physical injury can occur to my child/ward. Knowing that, I release and indemnify the Kelly Canyon Ski Team and the Idaho Falls Ski Training Facility, Inc. and all their representatives, employees, independent contractors, and volunteers of any liability or any claims relating to my child's/ward's participation in or transportation to and from ski activities. I also release and indemnify the Kelly Canyon Ski Team and the Idaho Falls Ski Training Facility, Inc. of any liability or claims related to my own participation in ski team activities. I authorize and consent to emergency medical treatment of my child by a licensed Doctor of Medicine or Dentistry if my child/ward is injured while participating in or traveling to and from a ski activity.

Signature of parent/guardian

Date

Return to:
Kelly Canyon Ski Team,
C/O Leslie Soderquist
5986 E. 81st N.
Idaho Falls, ID 83401