

Abenaki Freestyle Ski and Snowboard Team Registration Form

First name _____

Last name _____

Street address _____

City, state, zip _____

Home phone _____

Cell phone _____

***Please circle the best number to call during practice.

Email address _____

Date of birth _____

School _____

Age & gender _____

Skier or snowboarder (circle one)

Emergency contacts

1.Name _____

Phone _____

2.Name _____

Phone _____

***ALL PARTICIPANTS ARE REQUIRED TO HAVE MEDICAL INSURANCE**

Name of insurance _____

Policy/group # _____

Family doctor _____

Phone _____

Any allergies/medications that we should be aware of
