

ABENAKI SKI TEAM REGISTRATION

FIRST NAME _____

LAST NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____

WORK PHONE _____

BEST NUMBER
TO CALL DURING PRACTICE _____

EMAIL ADDRESS _____

BEST WAY TO CONTACT _____

DATE OF BIRTH _____

SCHOOL _____

AGE & GENDER _____

IN CASE OF EMERGENCY
NAME _____
PHONE _____

NAME _____
PHONE _____

* ALL PARTICIPANTS ARE REQUIRED TO HAVE MEDICAL INSURANCE

NAME OF INSURANCE _____

POLICY/GROUP # _____

FAMILY DOCTOR _____

PHONE _____

ALLERGIES/ANY MEDICATIONS WE SHOULD BE AWARE OF
