

T-MART 2008/2009 Emergency and Contact Form

Racer Name	Age	Date of Birth

Racer's cell phone and/or e-mail: _____

Parent 1 name: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ E-mail: _____

Parent 2 name: _____

Address (if different): _____

Home phone: _____ Work phone: _____

Cell phone: _____ E-mail: _____

Physician Name: _____ **Phone:** _____

Health Insurance Company: _____ **Policy #:** _____

Subscriber Name: _____

IF PARENTS CANNOT BE REACHED:

Name	Relationship	Phone Number(s)

(over)

ANY MEDICAL CONDITIONS, ALLERGIES, ETC. WE SHOULD KNOW ABOUT:

Medical Release and Release of Liabilities:

This release is made to allow my child/children to participate in any T-MART activity, event, practice or competition. I recognize that my signature on this release is a condition of my permitting my child to participate. I certify that my child is in excellent health and may participate in strenuous and hazardous physical activities such as dry land conditioning, skiing, ski race training and ski racing. I certify that there are no physical limitations to my child's participation. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release Tussey Mountain Alpine Race Team (T-MART), Tussey Mountain Ski Area and their employees from any liabilities, claims, demands, and causes of action of personal injury, property damage and/or other loss suffered by my child in connection with event, practice or competition.

I represent that I am a parent / guardian of the minor(s) named and I agree that the grant and release binds me to all of its terms. A photocopy of this release shall be considered as valid as the original.

Parent / Guardian Signature

Date