



Phoenix Mountain Racers

ALCAN Nancy Greene Ski League

Racer's Full Name: _____

Parent / Guardian Name(s): _____

Mailing Address: _____

Date of Birth: _____

Phone (home): _____

BC Care Card Number: _____

Does your child have any medical conditions? _____

PERMISSION

This certifies my permission for the administration of first aid or other health care to my child and to emergency treatment by a doctor if necessary.

Signature of Parent / Guardian

Release of Liability

I recognize that there is some element of risk in any activity including ski racing programs and fundraising endeavors. On behalf of myself and on behalf of my child, _____, I release the PHOENIX MOUNTAIN RACERS and their respective officers, employees and agents from liability for claims for injury or property loss, arising from my child's attendance and participation in activities with the PHOENIX MOUNTAIN RACERS, and hold them harmless from any such claims.

Signature of Parent / Guardian _____ **Date:** _____