

2012 Holiday Race Team Registration Form

(One Racer per Form)

Racer Name: _____

Parent/Guardian Name: _____

Address: _____

Email: _____

Phone #: _____ Racers age as of 12/31/2011: _____

Male Female

Payment

Please pick the appropriate program

<u>HRT – Option One Race Instruction Program - \$195</u> (Ages 5-6 and 1 st year racers Ages 7-8) Practice Thurs 5:30-7, Sat 10:00-12 & Sun 12:30 HRT Race <i>**geared for 5-6 and younger/inexperienced racers</i>	\$ _____
<u>HRT – Option Two Race Instruction Program - \$195</u> (Ages 7-8 returning racers & 9+) Practice Thurs 5:30-7, Sat 10:00-12 & Sun 12:30 HRT Race <i>**geared for experience/older racers who only want two days</i>	\$ _____
<u>HRT – Option Three Race Instruction Program - \$215</u> (Ages 7-8 returning racers & 9+) Practice Tue & Thurs 5:30-7, Sat 10:00-12 & Sun 12:30 HRT Race <i>**geared for experienced/older racers who want three days</i>	\$ _____
<u>HRT Middle School Race Instruction Program - \$235</u> (6 th , 7 th , 8 th graders only) Practice Tues, Wed, Thur 4-6, Opt. Sat 10-12 & Sun HRT Race <i>**Program may include Mon/Thur races-schedule to be published</i>	\$ _____
<i>Non-Refundable Racer Registration Fee - \$15 per Racer</i>	\$ 15.00
Total Due Holiday Race Team:	\$ _____

- Please make checks payable to “**Holiday Race Team**”
- Mail check, registration form & liability release to: **HRT, POB 93, Acme, MI, 49610**
- *Ski passes available through Mt. Holiday.* Invitationals will require additional fees.
- Questions? Contact Lisbeth at mcgregors@charter.net
- \$50 Bib Fee for bib not turned in at the end of the season

Holiday Race Team Liability Release

I, the Parent/Legal Guardian of _____ do by signing this application, acknowledge that there are physical risks inherent in skiing as with any sport, and agree to hold Mt. Holiday Inc., The Holiday Race Team, it's coaching staff, Board of Directors, employees and agents free from any liability arising out of injury, including death, which a participant may sustain while participating in any activities offered, sponsored, or coached by The Holiday Race Team.

Signature of Parent/Legal Guardian Date: _____

I further understand that it is my responsibility to properly equip and fit the above named child for all training and race competition, which responsibility includes provision by me of the proper size, type, condition of skis, bindings, boots, helmet, and all other related equipment, and that The Holiday Race Team and Patrons, including their agents, officers, directors, and employees undertake no responsibility for the proper fitting, maintenance or adjustment of any such equipment.

Signature of Parent/Legal Guardian Date: _____

Medical Authorization

As the Parent/Legal Guardian of _____, I grant permission and consent for The Holiday Race Team and those employed by The Holiday Race Team, to select any appropriate medical care for the above named racer should the need arise. I hereby consent that the physician or other medical personnel is authorized to provide any necessary medical care for the racer/participant named above.

Signature of Parent/Legal Guardian Date: _____

Insurance Information

Primary Insurance Provider: _____

Policy Number: _____

Name of Policy Holder: _____

Relationship of Policy Holder to Racer: _____

Primary/Racer Physician: _____

Phone Number of Primary/Racer Physician: _____

Emergency Phone Number for Parent/Legal Guardian: _____