



ANTRIM PARKS & RECREATION

BUS? Yes No

This form is due, with Payment to Town of Antrim, by Tuesday January 31 Drop at Rec Dept or send to Antrim Recreation Ski Trip, PO Box 517 Antrim NH 03440

Crotched Mountain Ski and Ride Field Trip

February 3rd, 2012

Participants Information:

Name _____

Address _____

Phone: _____

Cell: _____

E-mail address: _____

Parent or Guardian:

Phone: _____

Phone: _____

Emergency Contact: _____

Phone: _____

Physician's Name: _____

Phone: _____

Are medical, allergy, or behavioral info we should be aware of? _____

All sports are potentially dangerous and may result in personal injury to the player. You hereby are acknowledging that you are registering yourself or your child for an Antrim Recreation Program, and you accept the risks inherent in the sport or program. Additionally, you understand that any injuries or illnesses sustained by yourself or your child will be your responsibility to pay for and that there is no medical insurance granted to yourself, player/child when they register for our program. You understand and give permission for us to seek appropriate medical care and transport in the case of injury or sudden illness.

I have read the above and understand the potential risks involved:

Signature of Participant or Parent/Guardian

Date: _____

Name:

Lesson? Yes No Ski Snowboard

What level lesson? Never Ever skied or snowboarded

OR

I've gone 1-2 times, I can ride the magic carpet

OR

I can ride on green terrain

Rentals? Yes No Ski Snowboard Shoe Size _____ Ht: _____ Wt: _____

Food Choice, Circle One: Cheese Pizza Hot Dog