



2009 SSRA SUMMER SKI RACING CAMPS
REGISTRATION FORM

Last Name: _____ First Name: _____ DOB: _____

Parent(s)/Legal Guardian(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ (W): _____ (Cell): _____

Email: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Medical info(current medications/allergies): _____

Insurance Company: _____

Policy: _____ Policy Holder: _____

Delegation of Authority : I _____ do hereby grant Charles Holcomb authority to make all decisions regarding medical care for my (son/daughter) _____ while (he/she) attends Ski Race Camp at Timberline/Mt. Hood, OR during _____, 2009.

Signed: _____ Date: _____

Printed name: _____ Relationship: _____

Session #1 (June 19-26) **Session #2 (July 18-25)**

T-shirt: YM YL S M L XL

Payment Information: A non-refundable \$400.00 deposit is required to secure a space in each camp. Deposits are due by May 26th. The balance is due by June 16th. Make checks payable to Chuck Holcomb and send to 2824 S. Garfield, Spokane, WA 99203.