

**Santa Fe Ski Team
2003-2004**

Participant Information and Medical Release

Name _____

Address _____

City _____ State _____ Zip _____

Birth date _____

Mother / Member _____

Home _____ Work _____

Cell _____ E-mail _____

Father / Member _____

Home _____ Work _____

Cell _____ E-mail _____

Insurance Carrier _____

Medical History. Allergies _____

Medications _____

Other _____

Tetanus Shot _____

Member and/or Parents of _____
hereby authorizes the Santa Fe Ski Team and/or its named coaches to secure any hospital, medical, dental or surgical care, treatment and/or procedures for the above named participant. Parent also consents that in the event of injury to the participant, coaches can sign for participant to receive care, treatment and/or procedures, under the instructions and directions of the licensed physician(s) on call at the emergency room of the nearest hospital or emergency facility.

The Santa Fe Ski Team coaches shall notify parents of the earliest possible time during or after such care, treatment and/or procedures. Parent knowingly and voluntarily consents in advance to such care, treatment and/or procedures to encourage the physicians and coaches to exercise their best judgment as to the requirements of such care, treatment and/or procedures. Parent specifically indemnities and holds harmless the Santa Fe Ski Team and its coaches from any and all costs arising out of such care.

_____ Date _____
Member Signature

_____ Date _____
Mothers Signature

_____ Date _____
Fathers Signature