



Andes Tower Hills D-Team Registration Form

**ALL PARTICIPANTS MUST BE ABLE TO LOAD THE CHAIRLIFT WITHOUT ASSISTANCE AND
MAKE A CONTROLLED STOP IN ORDER TO PARTICIPATE**

Registration Fee is payable to Andes Tower Hills

Fee Paid- Returning Racer Highschool Racer 1st time racer (attach receipt)

RACER AND EMERGENCY MEDICAL INFORMATION

Andes Tower Hills D-Team

(Please print)

Racer Name _____ Age (as of Sept. 1, 2025): _____ D.O.B. ____/____/____

Parents E-mail _____

Home Address _____ Phone: _____

Father's Name _____ Cell # _____

Mother's Name _____ Cell # _____

Persons who will care for student in case parent cannot be reached:

1. Name _____ Phone: _____

2. Name _____ Phone: _____

Doctor to be notified _____ Phone _____

Dentist to be notified _____ Phone _____

Insurance Carrier _____ Policy Number _____

If emergency treatment is required, and the parents cannot be reached immediately, may the coaches use their own judgment and are given permission to call the above named doctor or dentist?

Yes _____ No _____ If "NO", what do the parents want done?

Medical Alert (any conditions coach should be aware of)

Signed (parent or legal guardian) _____

In case of emergency, our procedures will be to contact the parent/guardian at home or at work. If parent/guardian is unable to be reached we will contact one of the persons listed above.

Release of Liability

I recognize that skiing and alpine racing are vigorous and potentially hazardous sports. I understand that the potential for serious injury or death is present in the sport of skiing and ski racing. By enrolling in the Andes Tower Hills D-Team Racing Program, I release Andes Tower Hills, and their employees, coaches and owners and volunteers from liability that could arise from participation in this sport.

I also release Andes Tower Hills and their employees, coaches and board members from liability that could arise from travel to and from any race events. All participants must be covered by their own health insurance. Andes Tower Hills or Lakes Area Alpine Ski Team does not carry any kind of health insurance for the participants.

I have read, understand and agree to the liability release.

Date: _____

Signature of Parent/Guardian: _____