

VI RIDERS SNOWBOARDING CLUB - 2007/08
SEASON

ATHLETE'S INFORMATION

ATHLETE'S NAME: _____

PARENT'S NAME: _____

PARENT'S NAME: _____

YEAR OF BIRTH: YEAR: _____ MONTH: _____ DAY: _____

MAILING ADDRESS: _____

CITY: _____

POSTAL CODE: _____ PHONE #: _____

CELL #: _____

FAMILY EMAIL ADDRESS: _____

ATHLETE'S EMAIL (optional): _____

EMERGENCY CONTACT NAME: _____

PHONE #: _____

FAMILY DOCTOR NAME: _____

PHONE #: _____ BC MEDICAL #: _____

ALLERGIES OR ANY HEALTH RELATED ISSUES THAT WE SHOULD KNOW
ABOUT YOUR CHILD?: _____
