



**2019/2020 Season
Special Olympics Team**

Method of Payment:	
Cheque	
Etransfer	

Parent's Info:				
Mother's Name:				
Father's Name:				
Mailing Address:				
Home Phone Number:				
Email Address:				
Athlete Emergency Contact Info:				
Name:		Phone #:		
Name:		Phone #:		
Athlete's Information:				
Athlete First Name	Athlete Last Name	Birthdate DD/MM/YY	BC Medical #	Fee
				\$20.00

- Flat LCSC Member Fee \$20.00/Athlete

Helmets are mandatory.

Permission:

This certifies my permission for the administration of first aid and other health care to my child/children and to emergency medical treatment by a doctor if necessary.

I also permit photographs to be taken of me and/or my child/children to be used in Nancy Greene literature, submissions to newspapers and other media.

Release of Liability:

I recognize that there is some element of risk in any activity including snow sports, racing programs and fund raising activities. On behalf of myself and my child/children as registered above, I release the Lightning Creek Ski Club (LCSC) and their respective officers, employees and agents from liability for claims for injury or property loss, arising from my child/children's attendance and participation in activities with LCSC; and further agree to indemnify the said LCSC and hold them harmless from such claims.

Signature of Parent/Guardian

Witness

Date