

# Ski the Summit Sponsor/Non-Sponsor Adult Registration

Name of applicant: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sponsoring School: \_\_\_\_\_

Email: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Current medications: \_\_\_\_\_

Allergies (food and medication): \_\_\_\_\_

Family physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance company and phone number: \_\_\_\_\_

T-Shirt size: XS / S / M / L / XL (adult unisex sizing)

Do you plan to ski/snowboard? Y / N

Do you have a pass to Bridger? Y / N Do you have a pass to Big Sky? Y / N

Do you plan to stay Tuesday night? Y / N

**For Sponsors:** School: \_\_\_\_\_

Students attending with you:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

*\*Due to the growth of this event and limited transportation resources, we request students who come to Ski the Summit as part of a chaperoned group be transported to and from ski areas and activities by their chaperones.*

Signature of sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

## OFFICE USE ONLY

Date Received: \_\_\_\_\_ Amount: \_\_\_\_\_ Payment: Cash or check # \_\_\_\_\_ Notes: \_\_\_\_\_