



REGISTRATION FOR TAMARACK MOUNTAIN SPORTS EDUCATION TEAM

Contact Information

Parent Name (Primary Contact): _____

Phone: _____ Alternate Phone: _____

Email: _____

Parent Name: _____

Phone: _____ Alternate Phone: _____

Email: _____

Primary Street Address or Mailing address: _____

Local Valley county street address (If different from above):

Athlete Information (please list oldest to youngest if more than one child)

Athlete Name: _____ DOB: _____ USSA Age Group: _____

Full-time or Weekend: _____

Ski race/training interests and goals: _____

Health concerns: _____

<https://ussa.org/alpine-programs/athletes/rules/code-of-conduct>

By registering, all parents are responsible for their child to follow the USSA code of conduct for athletes.



Athlete Information continued (please list oldest to youngest if more than one child)

Athlete Name: _____ DOB: _____ USSA Age Group: _____

Full-time or Weekend: _____

Ski race/training interests and goals: _____

Health concerns: _____

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