



2014-15 MOUNTAIN CREEK RACING MEDICAL RELEASE

Athlete Name: _____ Address: _____

City: _____ State: _____ Zip: _____ DOB: ____ / ____ / ____

Email: _____ Cell Phone: (____) - ____ - ____

Parent: (Father) _____ Parent: (Mother) _____

Cell Phone: (____) - ____ - ____ Cell Phone: (____) - ____ - ____

Home Phone: (____) - ____ - ____ Home Phone: (____) - ____ - ____

Work Phone: (____) - ____ - ____ Work Phone: (____) - ____ - ____

Email: _____ Email: _____

INSURANCE COVERAGE

Policy Holder: _____ Company: _____ DOB: ____ / ____ / ____

ID#: _____ Policy #: _____ Group #: _____

MEDICAL HISTORY

Allergies: _____ ☐ none

Medications: _____ ☐ none

Other Medical Information: _____

Mountain Creek

Recommends wearing helmets for skiing and riding. Skiers and snowboarders are encouraged to educate themselves on the benefits and limitations of helmet usage. The primary safety consideration, and obligation under Your Responsibility Code, is to ski and ride in a controlled and responsible manner

ATHLETE MEDICAL RELEASE

Athlete or Parent, if Athlete is under 18 years old, hereby authorizes a Mountain Creek Representative to secure hospital, medical, surgical and dental care or treatment and/or procedures for the above named athlete. Parent also consents that in the event of injury to the athlete; coaches can authorize that athlete to receive care, treatment and/or procedures, under the instructions and directions of the licensed physicians on call at the emergency room of the nearest hospital or emergency facility. Mountain Creek Racing shall notify parent at the earliest possible time before, during or after such care, treatment and/or procedures are authorized. Parent knowingly and voluntarily consents to such care, treatment and/or procedures in advance. Parent specifically holds harmless and indemnifies Mountain Creek Resort, Inc and their staff from any and all costs and/or claims of any nature arising out of the provision of such care, treatment and/or procedure. Parent agrees that any and all claims shall be governed by New Jersey Law and actions shall be venued exclusively in Sussex County, New Jersey.

Athlete Signature

____ / ____ / ____
Date

Parent Signature

____ / ____ / ____
Date

Parent Name (print)