

**Loup Loup Alpine Ski Team  
Registration 2022**

Athlete name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F

Parent/  
Guardian: \_\_\_\_\_

Mailing  
address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

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

Current

Medication: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Insurance Information:**

Company name: \_\_\_\_\_

Policy#: \_\_\_\_\_

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

**Emergency Contact:**

Name: \_\_\_\_\_

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

Phone#: \_\_\_\_\_

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

Loup Loup Alpine Ski Team P.O. Box 246 ~ Twisp, Wa 98856