

OLYMPIC VALLEY FREESTYLE AND FREERIDE TEAM 2011-2012 REGISTRATION FORM

Athlete Name (1) _____ (2) _____
 (3) _____ (4) _____
 Name of Father _____ cell# _____
 Name of Mother _____ cell # _____
 Email (1) _____ (2) _____
 Home phone _____ winter phone _____
 Athlete cell# _____ emergency # _____
 Mailing address _____ apt# _____
 City _____ State _____ Zip _____

***Athlete age is determined as of December 31, 2011**

Postmarked on or before	Aug.19	Dec. 3
FREESTYLE/FREERIDE & BIG MTN TEAM: ages 14 and up		
Full Time: Tues-Fri (11-4) plus all wknds and holidays-	\$2600	\$2800
Weekend: Sat-Sun (8-3) all weekends and holidays-	\$2200	\$2400
JR FREESTYLE/FREERIDE & BIG MTN TEAM: ages 12 to 13		
Full Time: Tues-Fri (11-4) plus all wknds and holidays-	\$2350	\$2550
Weekend: Sat-Sun (8-3) all weekends and holidays-	\$1900	\$2100
FREESTYLE DEVELOPMENT TEAM: ages 9 to 11		
Full Time: Tues-Fri (11-4) plus all wknds and holidays-	\$2250	\$2450
Weekend: Sat-Sun (8-3) all weekends and holidays-	\$1900	\$2100
FREESTYLE / FREESKI MASTERS TEAM: adult all ages		
Weekend: Sat only (10-2:30) all weekends and holidays	\$1200	\$1400

*See team descriptions

Total (all athletes) \$ _____

VOLUNTEER SURCHARGE: Please see registration letter (per athlete) x \$ **200.00**

LOCKER RENTAL: Preferred locker # _____ \$175.00 per locker \$ _____

DONATION: Olympic Valley Freestyle Non Profit Foundation -501(c)3 \$ _____

REGISTRATION TOTAL (all athletes) \$ _____

Payment Information	
1. Check: (preferred) Ck# _____	Total \$ _____
2. Credit Card: (name on card) _____	
Visa / Master Card # _____ - _____ - _____	
Exp date ___/___ VIN# (on back of card) _____ Total \$ _____	
Billing Address (if different from above) _____	
City _____	State _____ Zip _____

Authorized Signature _____ Date _____

**Send Registration Form, aerial release form, and USSA form with payment to:
 To: OVFFT - PO BOX 2173 - OLYMPIC VALLEY, CA 96146**