

**2018-2019 BUDDY WERNER LEAGUE - VAIL/BEAVER CREEK
REGISTRATION FORM**

FORM 1/5

Participant # 1: Last Name _____ First Name: _____
Male__ Female__ Grade: ___ School: _____ Age (as of 12/31/18): _____ Birthdate: _____
Skier Level _____ Previous or requested coach or friend _____ Sweatshirt Size: _____

Participant # 2: Last Name _____ First Name: _____
Male__ Female__ Grade: ___ School: _____ Age (as of 12/31/18): _____ Birthdate: _____
Skier Level _____ Previous or requested coach or friend _____ Sweatshirt Size: _____

Participant # 3: Last Name _____ First Name: _____
Male__ Female__ Grade: ___ School: _____ Age (as of 12/31/18): _____ Birthdate: _____
Skier Level _____ Previous or requested coach or friend _____ Sweatshirt Size: _____

Parent #1: Name: _____ Is the info below same as last year? Yes__ No__
Phone-Home _____ Cell _____ Email: _____ *

Parent #2: Name: _____
Phone-Home _____ Cell _____ Email: _____ *

***Please check which e-mail(s) you would like BWL to use for club information.**

Mailing address/city/state/zip of parent: _____

Please list two additional contacts in case of emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

If coaching, write coaches name here: _____ Co-Coach's Name _____
Jacket Size (new coaches only) _____

REGISTRATION FEE (1 st check):	\$300.00 x _____ (# of children) = _____
VOLUNTEER DEPOSIT (2 nd check):	\$300.00 / per child (max \$600) = _____
COACHES Registration Fee (1 check, no volunteer deposit)	\$200.00 x _____ (first child) = _____
	Coach's additional children - \$100 x _____ (# of children) = _____
	\$75 / BWL Jacket for 7 th & 8 th Graders = _____

Please make checks out to BWL.

TOTAL FEES: \$ _____

(cash__ check__)

Parent has read and agreed to abide by the rules/guidelines set forth in the 2018-2019 BWL Parent Handbook:

Signature of parent: _____ Date: _____

OFFICE USE ONLY	
BWL Liability Release: _____	BWL Medical Authorization: _____
VR Liability Release: _____	Photo Release: _____
Volunteer parent position(s): _____	Volunteer deposit check received _____
(One day per child [6 hours] required) Dates: _____	Verified: _____