

**2011-2012  
TEAM REGISTRATION  
FORM**

**ADULT RACE LEAGUE  
GRANITE PEAK SKI TEAM, INC.**



**Registration Deadline – January 4, 2012 - Racing Begins Jan. 8, 2012**

RACER'S NAME (One racer per form) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

HEALTH AND ACCIDENT INSURANCE COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ POL#./PART.# \_\_\_\_\_

PHYSICIAN NAME/PHONE NO. \_\_\_\_\_

DENTIST NAME/PHONE NO. \_\_\_\_\_

ALLERGIES \_\_\_\_\_ MEDICATIONS \_\_\_\_\_

Additional information including dates/venues available at  
[www.gpst.org/programsevents/adultraceleague](http://www.gpst.org/programsevents/adultraceleague)

**GPST Adult Race League - Requirements**

- Must be 21
- 4 person teams
- Helmets required
- Race every Wednesday night with championships on 2/22, awards on 2/29
- Age categories: 21-26, 27-32, 33-37, 38-43, 44-49, 50-55, 56-61, 62 & over

Basic team fee per person .....\$ 60.00  
Team of 4 fee (corporate sponsors are encouraged).....\$ 200.00

**Team List:** List members of team each member must fill out their own registration form

**Racer 1:** \_\_\_\_\_ phone: \_\_\_\_\_ email: \_\_\_\_\_

**Racer 2:** \_\_\_\_\_ phone: \_\_\_\_\_ email: \_\_\_\_\_

**Racer 3:** \_\_\_\_\_ phone: \_\_\_\_\_ email: \_\_\_\_\_

**Racer 4:** \_\_\_\_\_ phone: \_\_\_\_\_ email: \_\_\_\_\_

**CONTACT:**

Jeff Tobin 715-551-0693; [Ski.guy@hotmail.com](mailto:Ski.guy@hotmail.com)

or

Mark Gajewski 715-581-2669, [markg@kingscampers.com](mailto:markg@kingscampers.com)

**RELEASE AND MEDICAL AUTHORIZATION**

I understand that competitive ski racing, practicing for ski racing and all of the activities taking place in order to prepare for ski racing are dangerous and physically demanding activities and that serious personal injury is a possibility. I accept the inherent dangers of physical participation in such activities and do hereby agree to allow his/her participation in such activities and do HEREBY RELEASE Granite Peak Ski Team, Inc., a non-profit corporation, its incorporators, directors, contractors and coaches and all volunteers who are assisting with the management or operation of the Corporation or its activities, in any way, and agree to hold said parties harmless from any and all claims, demands, causes of action, and/or attorneys fees arising out of or in any way related to any personal injury or property damage sustained by/to our child (or me) while being transported to or from such activities or while involved in such activities.

I, the above-named racer, recognize that medical treatment may become necessary during my participation with Granite Peak Ski Team, Inc. and to avoid delay of any necessary medical treatment and/or that which would alleviate physical discomfort attendant to physical injury HEREBY EMPOWER the coaches and staff of Granite Peak Ski Team, Inc. or other designated persons to authorize on my behalf recommended medical treatment for me by any staff member of any hospital, medical doctor, emergency medical technician and/or other paramedic. This authorization is complete in and of itself and is fully operative upon my signature for the duration of my participation with Granite Peak Ski Team, Inc.

RACER SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_  
(GPST 12-11)

**RETURN FORM TO: Granite Peak Ski Team, PO Box 5172, Wausau, WI 54402**  
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