**Waukesha Snowboard Race Clinic Registration**

2020-2021 Season

**Student Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Middle School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade:**\_\_\_\_\_\_ Male Female

Student Email Address (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Phone Number(optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Name(s), Email Address(es) & Phone Number(s)

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I **DO / DO NOT** (circle one) give permission for my child’s image, taken at practices or races, to be used on the social media sites (Facebook, Twitter, Instagram) of Waukesha Snowboard Team.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge I have received a copy of the Waukesha Race Clinic 2020-2021 information packet.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Internal Use: Fee paid by Check # \_\_\_\_\_\_\_\_\_\_\_\_\_ or Cash \_\_\_\_\_\_\_\_\_\_\_\_\_