

## **Black Ski Youth Training Program - Signup Form**

Download this form.

Fill out the form electronically.

Email completed form to Dion Slater-El at [bsiyouth@yahoo.com](mailto:bsiyouth@yahoo.com)

---

---

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender \_\_\_\_\_

Experience: ( )Ski ( )Snowboard ( )Beginner ( )Intermediate ( )Expert

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

Email: \_\_\_\_\_

Contact #: \_\_\_\_\_

Favorite sport: \_\_\_\_\_

Favorite food: \_\_\_\_\_

Favorite hobby: \_\_\_\_\_

What does child want to be when they grow up: \_\_\_\_\_

Food allergies, other allergies, any health conditions or physical challenges? If so please

List conditions: \_\_\_\_\_

Any medication that will need to be administered: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Shoe size: \_\_\_\_\_

Goofy or Regular: \_\_\_\_\_

Any competitive sports proficient: \_\_\_\_\_

How long has child competed in that sport: \_\_\_\_\_

Any competitive achievements, or awards: \_\_\_\_\_

Any other special talents: \_\_\_\_\_

Any racing experience of any kind, if so what type: \_\_\_\_\_

( ) Yes, I can chaperone NAME: \_\_\_\_\_

Telephone# \_\_\_\_\_

( ) Yes, I will donate \$ \_\_\_\_\_

NAME: \_\_\_\_\_

Telephone # \_\_\_\_\_

Dion Slater-El, VP Youth [bsiyouth@yahoo.com](mailto:bsiyouth@yahoo.com)

Sandy Henderson, President, Black Ski, Inc.

9/28/2018