

EMERGENCY NOTIFICATION SHEET

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Male: Female: Date of Birth: _____

SKIER NAME: _____ USSA No.: _____

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Home Phone: _____ Cell Phone: _____ Email: _____

Male: Female: Date of Birth: _____

FATHER/LEGAL GUARDIAN NAME: _____

Address: _____ City: _____ State: _____ ZIP: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

MOTHER/OTHER LEGAL GUARDIAN NAME : _____

Address: _____ City: _____ State: _____ ZIP: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Does your child have any health issues we should know about? Please describe:

Return form via any of the following: 1) mail to 2367 Boyes St., Holladay, UT 84117-6239

2) scan and email to jon@wasatchfreestyle.com

3) fax to (866) 391-9972 (foundation's attorney)

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