



MIDWEST FREERIDERS

Athlete's Name: _____ Age _____

Address: _____

City: _____ State: _____ Zip _____

Email: _____ Phone: _____

School: _____ SnapChat ID: _____

Skier/Rider? _____ How long?: _____

2018-19 Season Goals: _____

Parents'/Guardians' Names: _____

• Parent 1: _____

Email: _____ Cell: _____

Home: _____ Work: _____

• Parent 2: _____

Email: _____ Cell: _____

Home: _____ Work: _____

• Emergency Contact 1: _____ Relation: _____

Home Phone: _____ Cell: _____

• Emergency Contact 2: _____ Relation: _____

Home Phone: _____ Cell: _____

In the event of an emergency, parents/guardians are notified first. Emergency contacts will be used in the event parents/guardians are found unavailable.

**Athletes must register by November 1st,
Pre-Season Training, and Parent
Meeting November 12th in the South
Lodge at Sundown Mountain!**

Athlete's T-Shirt Size: _____

Preferred 3 digit bib number _____

Please complete this form and return via US mail,
with payment (\$200), to the address below.
Checks payable to Midwest Freeriders Inc.

Parent/Guardian Signature: _____

MIDWEST FREERIDERS
16991 Asbury Rd
Dubuque, IA 52001