



SKI SCHOOL SEASONAL PROGRAMS REGISTRATION FORM

Child's Name: _____ Nick Name: _____

Parents name(s): _____

Age: _____ Date of Birth: ____/____/____ Gender: _____

Contact Information

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Email _____

(Please Print Clearly – Email is used for schedule and program updates – Please enable your email program to accept messages from our email list)

Home Phone _____ Work Phone _____ Cell _____

Both the Registration and Seasonal Program Liability Forms must be completed and submitted with payment before October 15th in order to receive Pre-Season Discount. All forms must be completed and payment submitted prior to any child skiing in a program.

Important Questions

Does your child have any food allergies? _____

Does your child have any physical, learning or emotional limitations we should be aware of: _____

Day(s) in Program: Saturday Sunday Both

Please check the program your child plans to participate in:

MRG Ski School reserves the right to make changes to meet the child skiing ability

Rockin' Robins (4-12yrs) **Chipmunk (4-6)** **Panther (7-12)**

Skier ability: (check one)

Beginner

Has never skied before.

Advanced Beginner

Has tried skiing but is not "mountain ready."

Novice

Links turns, can stop, skis primarily in a wedge.

Intermediate

Skis primarily in wide-track parallel on green and blue marked trails.

Advanced

Skis in predominantly dynamic parallel on green and blue marked trails; skis in a parallel on black marked trail.

Development Team (7-12) **Freeskiing Team (7&up)**

Must be able to ski a dynamic parallel on all terrain for Devo and Freeski Team.

Lunch option ONLY for Rockin' Robins, Chipmunks, Panthers for an additional fee.

No Yes Saturday Sunday Both

Choice: (pick one)

Cheese Pizza Pepperoni Pizza Hot Dog Grilled Cheese

Milk Chocolate Milk Orange Juice Water

Submitted Program Fee\$ _____ Lunch Fee\$ _____ Ski School Liability Form _____
Before 10/15 After 10/15

Full weekend Program	\$825 (Freeski Team \$850)	\$925 (Freeski Team \$950)
Saturday or Sunday Only	\$575 (Freeski Team \$600)	\$675 (Freeski Team \$700)
Lunch Option Full Weekend	\$180 (\$100 one day)	Same

MAD RIVER GLEN COOPERATIVE

MAD RIVER GLEN SKI AREA CHILDREN’S PROGRAM

ACKNOWLEDGMENT OF RISK, RELEASE OF LIABILITY, INDEMNITY AND MEDICAL AUTHORIZATION

This document applies to participation in all Mad River Glen Ski Area Children’s Programs: Children Ski School Program; Rockin’ Robin, Chipmunk and Panthers Programs, Development, Telemark and Freestyle Teams, Preschool and Racing Programs.

Name of Child (Please print clearly): _____

The undersigned legal representative of the child named above, and the undersigned child, each hereby acknowledge and agree to each of the following:

We each agree that the child named above is responsible for the child’s own safety while skiing and participating in related activities. We each agree not to rely on any of the following persons or entities to provide for the child’s safety: Mad River Glen Cooperative, Mad River Glen Ski Area, Mad River Glen Ski School, Mad River Glen Race Club and race programs, Mad River Freestyle Team and their respective volunteers, representatives, coaches, instructors, members, employees, agents, officers and trustees

We each understand and are aware that there are inherent and other risks involved in participating in skiing, ski lessons, ski practice, training, ski racing and freestyle exhibitions and competitions which could cause the child injury or death and which could cause damage to property. Such risks may be known or unknown to the undersigned. The undersigned do each hereby release all claims and causes of action, and all other basis of liability of any kind or nature, whether or not foreseeable by the undersigned, which the said representative or child now has or may acquire against Mad River Glen Cooperative, Mad River Glen Ski Area, Mad River Glen Ski School, Mad River Glen Race Club and race programs, Mad River Freestyle Team, and their respective employees, agents, officers, trustees, members, volunteers, representatives, coaches and instructors, arising in any manner out of the child’s participation in the activities noted above, including free skiing with program participants, practice, training, racing and competition, if applicable. In addition, each of the undersigned hereby agrees to indemnify and hold harmless each of the parties so released from all liability, claims and causes of action of any kind or nature for any loss, damage, injury, illness, death or harm of any kind or nature to any person or property which is caused or contributed to by said minor child, whether alone or with other persons.

In the event of any apparent personal injury, illness, or other medical condition relative to said minor child, I hereby authorize Mad River Glen Cooperative, Mad River Glen Ski Area, Mad River Glen Ski School, Mad River Glen Race Club and race programs, Mad River Freestyle Team, and their respective employees, agents, coaches, instructors, volunteers and representatives, to take such action at my sole expense to care for said minor child, in addition to their authorizing medical care and emergency services, as in their opinion appears to be necessary or helpful, and I agree to hold them harmless on account of any such action.

I understand that it is my responsibilities to provide medical and accident insurance for my child.

Check one:

- The child has no health insurance or**
- the following information describes health insurance for the child.**

Carrier Name: _____ **Phone:** _____

Policy Number: _____ **Group Number:** _____

The undersigned agree that this release of liability, indemnity, acknowledgment of risk, and Medical authorization shall be binding on the undersigned, the child named above, and their respective heirs and personal representatives.

The undersigned each hereby approve and agree to the foregoing acknowledgment of risk, release of liability, indemnity, and medical authorization, and each agrees to abide by the rules of the programs in which the child participates:

Date: _____

Signature of Parent/Guardian/Legal Representative

By signing the above, I hereby certify that I am the parent; guardian or other legal representative of the minor child named above and authorized to sign this form.

Date: _____

Child’s Signature (not required for children under age 10)

