

## LIFETIME SPORTS REGISTRATION FORM

## (To be completed by each participant, Adult and Student, and signed by parent or guardian)

Participant Name		Age	Daytime Telephone (Parent)
Name of School or Group			
1.	CLINIC TYPE (choose one)	Skiing (Ages 6-18)	Snowboarding (Ages9-18)
2.	. What statement best describes you as a Skier or Snowboarder? (Please Circle)		
Level 1	Never skied or snowboarded or only one time.		
Level 2	I am only comfortable on the Bunny Hill (2-3 times ever)		
Level 3	I can go to the top of the mountain but still snowplow (ski) or heel slide (snowboard)		
Level 4	I can comfortably ski or board the whole mou	ntain.	
3.	3. Significant Learning or Physical Disabilities can still enjoy our Lifetime Sports Program. Please let us know ahead of time to make special arrangements for our great adaptive instructors.		
If you are renting equipment please add the following information:			
Date of Birth:		Height:	Weight:
SPECIAL CONSIDERATIONS? (Physical, medical, Food allergies etc. please be detailed)			
		• ·	rts Program, I fully acknowledge that skiing and snowboarding are hallenge the physical abilities and skills of the student for the purpose

physical sports and that injury is a possibility. I also acknowledge that clinics are designed to challenge the physical abilities and skills of the student for the purpose of improvement. I do herby waive, relinquish, and release any and all claims for damages that I, or my children might, hereafter, have for such injury to person or property against Brundage Mountain Company or any cooperating agencies or representatives.

Parent or Legal Guardian Signature

REMINDER: Don't forget gloves/mittens, hat, sunglasses/goggles, snow pants, jacket, and sunscreen. These are required items!

Date