

LEVEL:	Never ever/Beginner	Rides chairlift	
<b><u>Circle Program:</u></b>	<b>SKIWITHME</b> 10am-2pm Ages 4 - 6	<b>JR MT RANGERS</b> 10am-2pm Ages 4 - 6	<b>SKIWITHME</b> <b>Because I'm 3</b> 11:15am-12:30pm

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Season Pass Holder? \_\_\_\_\_

Student's past experience (If any): \_\_\_\_\_

Allergies? \_\_\_\_\_

Parent's Name: \_\_\_\_\_

PHONE # IF WE NEED TO REACH YOU: \_\_\_\_\_

**RETURNING STUDENT? ADDRESS AND EMAIL ALREADY ON FILE? IF SO, SKIP TO CONSENT...**

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Consent to Participate:**

I give my approval/consent for the participation of my son/daughter in the SWM, JR MT RANGERS, SWM3 program. I am aware of the risks and hazards incidental to such participation and I certify that he/she is physically fit to take part in all activities. I will not hold program authorities, staff, or Ski Blandford responsible in the case of accident or injury as the result of his/her participation. Permission is granted for the applicant to be given treatment by Ski Patrol or at a local hospital and I will assume all responsibility for payment to said institution. I pledge his/her compliance to all program rules and understand that should he/she be dismissed from the program for any conduct not in the best interest of the program. No part of the registration fee will be refunded.

Skiers and boarders are occasionally photographed and video taped as part of the program. Do you give permission for Ski Blandford to use them on their website or for other promotional purposes?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**10am-2pm PROGRAMS ONLY LUNCH CHOICES:**

**Circle One:**      Hamburger                  Hot Dog                  Grilled Cheese

**Circle One:**      Regular Milk                  Juice