

Sugarloaf Snow Sport School

Multi-Week Group Program Registration

Please complete this form for participation in the Sugarloaf Snow Sports School Programs.

(Name of Student) PLEASE PRINT

Would like to participate in: Skiing Program Snowboard Program

Please choose the following:

Saturday 10am -12pm Saturday 1pm – 3pm Sunday 1pm – 3 pm Instructor Apprentice Program

Age group: 6 - 8 years 9 – 12 years 14 to adult

Student date of birth: (yy/mm/dd) _____

Please choose: Program only Program + Lift Ticket Program + Lift Ticket + Rental Equipment

PARENT/GUARDIAN AND/OR STUDENT INFORMATION:

Parent/Guardian Name: (If applicable) _____

Address: _____

Phone #: _____

Email Address: _____

Conditions requiring special consideration (medical/physical): _____

Does your student require: (A) **Epipen** Yes No (B) **Inhaler** Yes No (C) **Insulin** Yes No

In case of emergency:

Primary contact name _____ Relationship to student: _____

Emergency Phone #: _____

Please choose current level of ability:

- Novice (can do the basics like stop and change direction)
- Comfort Novice (Can manage a full green run and control speed)
- Intermediate (Can manage some blue runs and for skiing sometimes has the skis parallel)
- Intermediate Plus (Can do blue runs with comfort and for skiing has the skis parallel most of the time).

PAYMENT INFORMATION:

Visa MC Amex _____ Card #: _____ Expiry Date: (mm/yy) _____

Name on Card: _____

(PLEASE PRINT)

Participant Signature OR Parent/Guardian Signature (if applicable): _____