Peak Performance Camps Summer Camp Mt. Hood, Oregon

Training athletes of all ages at Mt. Hood for two decades.

- · Learn Tactics used by Best in the World
- Intensive SL and GS Training 7:00AM-1:00PM
- In Depth Daily Videotape Analysis
- Limited Group Size & One-on-One Coaching
- Stance balance and Alignment
- Fun Dryland Training & Activities
- · Demo next season's equipment!

Camp Information 2017 Summer Camp Sessions:

Session A: June 28-July 8 Session B: July 9-15 Session AB: June 28-July 15

Tuition:

Includes coaching, lift tickets, room, board and transportation from Portland airport.

For camp fees visit peakperformancecamps.com

Accommodations:

Private Cabins in Picturesque Location, Home-cooked meals 6:00 Wake up/breakfast 7:00-1:00 On-Snow training 1:30 Lunch and rest hour 3:30-4:30 Arrange Equipment Demos 4:30-6:00 Dryland training or recreational activity

7:00-8:30 Video session, discussion 9:00 Lights out

Camp Director and Head Coach:

Peak Performance Camp Director and founder (Founded in 1985). Dave Gregory

Program Director & Head Coach Mt. Washington Valley Ski Team.

Former Head Coach Dartmouth Women's Ski Team, USSCA and PSIA certified.

2005 NH State Coach of the Year.

Coaches:

Shawn Smith Program Director MWV/Cranmore U 16 Program. Former Director of Skiing,

Stevens Pass. Former member / coach PSIA Demo Team

Luke Martin Director of Skiing, Powderhorn Ski Resort, Co., 5 yr PPSC coach, PSIA, ETS,

Eastern Alpine Demo Team Member

Other staff TBA

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Since 1985

Select Session

☐ Session B (kids) July 9-15 ☐ Adult Camp July 9-15 ☐Session AB June 28-July 8		
Athlete Information		
Name		Age
Address	· · · · · · · · · · · · · · · · · · ·	
	State	
Parent/Guardian		
Name		-
	Cell Phone	
Email		
Ski Club / Team		
Emergency Contact		
Relationship		····
	Cell Phone	
 □ Session B: \$1,910 if paid in fu □ Session AB: \$3,650 if paid in fu □ Adult Camp without lodging an 	ates is paid in fill by April 15 Ill by April 15. \$2,610 after April 15 Ill by April 15, \$2,049 after April 15 full by April 15. \$3,850 after April 15 Ind meals \$ 1,475 if paid in full by April neals: \$1,910 if paid in full by April	oril 15. \$1,750 after April 15.
Application must include full p Otherwise a minimum \$500.00 c	payment prior to April 15 to get e deposit is required.	arly bird rate.
Make checks payable to: "PPSC	,	
Amoun	t Enclosed	
Balanc	e Due	
Remit to: PPSC, P.O. Box 291, I If you have questions call: (603)		

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Please Provide Travel Information as soon as possible. First and last days of each session are
travel days. To allow for travel time to airport, please book flights that arrive by 2PM and depart
after 9AM.If not traveling by plane please provide other plans for travel. Please note that the first
and last days of each session are the travel days.

after 9AM.If not travel and last days of each	ing by plane p session are th	please provide other ne travel days.	plans for travel. F	Please note that the	firs
Arrival (Portland OR)	Date	Airline	Flight	Time	
Departure	Date	Airline	Flight	Time	
Liability Re	lease				
B. That he/s 21 years of sound	of such accepton Valley/Peand their agents ands, actions, a signed, while paps. The under, hereby electer and the paps and the paps are also binding upon the paps are also be as read she is over 21 s of age, that he	otance being hereby ak Performance Ski (as, officers, servants, as and causes of action ding death, that may participating in, or enrighted, being duly as voluntarily to enter d program. The distributes, heir, resundersigned hereby the foregoing release years of age and of his/her parent or gual as read the foregoing	acknowledged, the Camps, Timberline and employees of whatsoever, arising be sustained by the root to or from the laware of the risks in Peak Performance of the case, understands it as sound mind, if her dian is over 21 years and mind, if her dian is over 21 years and extension of the results of the case.	the undersigned here the Ski Area, Copper the and from any and a the undersigned, or the programs of the P and hazards inhere the Ski Racing thors, and administration and represents: and signs it voluntar the skyounger that the sars of age and	eby all to any eak ent in
Racer's Name (please	e print)				_
Racer's Signature				Date	_
Parent/Guardian's Na	me (please pr	rint)			
Parent/Guardian's Sig	nature			Date	
Release Au I hereby grant permiss diagnostic procedure, advisable for the care	sion for a doct operation, or	tor to administer any curative remedial pro	treatment or ane	sthetic and perform	any
Racer's Signature				Date	
Parent/Guardian's Sig	nature			Date	
Medical Insurance Co	mpany				_
Insurance Policy Num	iber				

Allergies - food, drugs, etc.

Current Medications - explain _____