

# PEAK PERFORMANCE CAMP APPLICATION

## ATHLETE INFORMATION

Athlete: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

E-mail: \_\_\_\_\_ Ski Club/Team: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

## FALL CAMP – COPPER MOUNTAIN, COLORADO

<b>Adult Camp Session</b>	<b>Before Sept 15th</b>	<b>After Sept 15th</b>	<b>Total</b>
<input type="checkbox"/> November 11-18.....	\$1705.00 .....	\$1,905.00 .....	\$ _____

<b>Junior Camp Sessions</b>	<b>Before Sept 15th</b>	<b>After Sept 15th</b>	<b>Total</b>
<input type="checkbox"/> B: November 18-25 (Lodging, meals)	\$2,125.00 .....	\$2,240.00 .....	\$ _____
<input type="checkbox"/> (Without Lodging).....	\$1,695.00 .....	\$1,795.00 .....	\$ _____
<input type="checkbox"/> C: November 18-28 .....	\$2,505.00 .....	\$2,670.00 .....	\$ _____

**Total Amount Enclosed \$** \_\_\_\_\_

Check # \_\_\_\_\_

Deposit (minimum \$200) \$ \_\_\_\_\_

Balance Due November 1st \$ \_\_\_\_\_

## TRAVEL INFORMATION

Arrival date: \_\_\_\_\_ Airline \_\_\_\_\_ Time/DEN: \_\_\_\_\_ Flight # \_\_\_\_\_

Departure date: \_\_\_\_\_ Airline \_\_\_\_\_ Time/DEN: \_\_\_\_\_ Flight # \_\_\_\_\_

Please attach flight information or send it as soon as it is available. If not traveling by plane, please provide your travel plans. Campers in sessions A & B will need to book Resort Express for transportation from Denver to Copper. Ground Transportation to and from Denver Airport will be provided for campers in session C, please book flights arriving before 1:00 PM on Nov. 18. On Nov. 25, flights should depart after 9:00 AM. Ground transportation not included for departure on Nov. 28, contact Colorado Mountain Express, 800-525-6363, to arrange shuttle.

## Liability Release

In consideration of the acceptance of my application to the Peak Performance Ski Racing camp programs, the receipt of such acceptance being hereby acknowledged, the undersigned hereby releases Mt. Washington Valley/Peak Performance Ski Camps, Timberline Ski Area, Copper Mountain Ski Area, and their agents, officers, servants, and employees of and from any and all liability, claims, demands, actions, and causes of action whatsoever, arising out of or related to any loss, damage, or injuring, including death, that may be sustained by the undersigned, or any property of the undersigned, while participating in, or enroute to or from the programs of the Peak Performance Ski Camps.

The undersigned, being duly aware of the risks and hazards inherent in the sport of ski racing, hereby elects voluntarily to enter in Peak Performance Ski Racing Program, knowing the nature of said program.

This release shall be binding upon the distributes, heir, next of kin, executors, and administrators of the undersigned.

In signing the foregoing release, the undersigned hereby acknowledges and represents:

- A. That he/she has read the foregoing release, understands it and signs it voluntarily.
- B. That he/she is over 21 years of age and of sound mind, if he/she is younger than 21 years of age, that his/her parent or guardian is over 21 years of age and of sound mind, who has read the foregoing release, understands it, and signs it voluntarily.

Racer's Name (please print): \_\_\_\_\_

Racer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Name (please print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Release Authorization for Medical Attention

I hereby grant permission for a doctor to administer any treatment or anesthetic and perform any diagnostic procedure, operation, or curative remedial procedure they deem necessary or advisable for the care or treatment of the above named race:

Racer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Allergies – food, drugs, etc: \_\_\_\_\_

Current Medications – explain: \_\_\_\_\_

Make checks payable to:  
**Peak Performance Camp**  
Box 291, Intervale, NH 03845.