

Peak Performance Ski Camps at Copper Mountain, CO

“Camp Within a Camp” Application

November 19 - 25, 2017

This session consists of half days of GS and SL training. It includes coaching, daily video analysis and lane space. The 7-day session is \$840. Participants may drop in for less days at a cost of \$120 per day.

___ Full 7-day session, Nov. 19 - 25. Cost: \$840

___ Days at \$120 per day. Please list days:

___ Sun. ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sun.

November 27 - December 1, 2017

This session consists of half days of GS and SL training. It includes coaching, daily video analysis and lane space.

The 5-day session is \$600. Participants may drop in for less days at a cost of \$120 per day.

___ Full 5-day session, Nov. 27 - Dec. 1. Cost: \$600

___ Days at \$120 per day. Please list days:

___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.

Athlete's Name _____ Athlete's Age _____

Ski Club/Team _____

Athlete's Street Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____

Parent/Guardian Cell Phone _____ Home Phone _____

Parent/Guardian Email _____

Emergency Contact Name _____

Emergency Contact Phone _____

Emergency Contact Relationship _____

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: _____

Please make checks payable to: Peak Performance Camp.

Mailing address: Box 291, Intervale, NH 03845