

2025 Alpine Ski & Race Camp
Copper Mtn, Co // Winter Park, Co
Dates: Nov 22-Dec 9



Athlete Information:

Name _____ Age _____
Address _____
City _____ State _____ Zip _____ Parent/
Guardian Name _____ Home
Phone _____ Cell _____
Email _____
Ski Club/Team _____ Emergency
Contact _____
Relationship _____ Home
Phone _____ Cell _____

Session Options (*lodging space is limited*) -

Nov 13 - 20 (Copper) : \$2049 paid before Sept 5 / \$2249 after Sept 5 **no lodging*

Nov 22 - 29 (Winter Park) : \$2949 paid before Sept 5 / \$3249 after Sept 5 **includes lodging/meals // \$2049 paid before Sept 5 / \$2249 after Sept 5 *no lodging*

Nov 22 - Dec 1 (Winter Park) : \$3999 paid before Sept 5 / \$4199 after Sept 5 **includes lodging/meals // \$2995 paid before Sept 5 / \$3093 after Sept 5 *no lodging*

Dec 2 - 9 (Copper) : \$2949 paid before Sept 5 / \$3249 after Sept 5 **includes lodging/meals // \$2049 paid before Sept 5 / \$2249 after Sept 5 *no lodging*

(Copper is hosting Man and Women's World Cup races Nov 22-Dec 1. They are catering to the WC races during that time period. There is no lane space for camps as a result)

Make checks payable to "PPSC"
_____ Amount Enclosed
_____ Balance Due

Make checks payable to PPSC and remit to PPSC, P.O. Box 291, Intervale, NH 03845.
Venmo also accepted. Send to @Dave-Gregory-14

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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 _____