2026 Alpine Ski & Race Camp
Copper Mtn, Co // Winter Park, Co
Dates: Nov 12-Dec 6

PEAK PERFORMANCE

Athlete Information:

Name_____ Age_____

Adress_____

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 12 - 19 (Copper) : $2149 paid before Sept 5 / $2349 after Sept 5 **no lodging*

Nov 21 - 28 (Winter Park) : $3049 paid before Sept 5 / $3349 after Sept 5 **includes lodging/meals* // $2149 paid before Sept 5 / $2349 after Sept 5 **no lodging*

Nov 29 - Dec 6 (Copper) : $3049 paid before Sept 5 / $3349 after Sept 5 **includes lodging/meals* // $2149 paid before Sept 5 / $2349 after Sept 5 **no lodging*

(Copper is hosting World Cup races during this week and there is no camp training permitted)

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

Dave Gregory, Director - mwvst@hotmail.com
PO Box 291, Intervale, NH 03845 - Cell (603) 520-1642 - peakperformancecamp.com

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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 _____

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