

Lost Trail Snowsports School All Mountain Team Program

Entry Blank

Dates: 1/7 or 1/8/2012 Through 2/18 or 2/19/2012

Name _____ Age _____

Address _____ City _____ ST _____ Zip _____

Phone _____ E-mail _____

I am a Skier _____ I am a Snowboarder _____

Were you a member of the team last year? Yes _____ No _____

If yes, who was your coach: _____

Describe your SKIING on moderate slopes (Skiers check one)

Wedge turns _____; Wide stance parallel _____; Narrow parallel but open to turn _____; Narrow parallel _____.

Skiers and Boarders (please be as accurate as possible) I ride all green runs yes ___ no ___. All blue runs yes ___ no ___. Most black runs yes ___ no ___.

Please check appropriate blocks:

I am applying for full program (coach and lifts) \$165.00 ___ enclosed.

I have season pass # _____ (coach only) \$90.00 ___ enclosed.

I will be attending on Saturdays _____ Sundays _____.

I am interested in the All Mtn. Race Team _____

I am interested in the All Mtn. Mogul Team _____

If, in case of injury to my child, while participating in the Lost Trail Ski School All Mtn. Program, during the hours of 10 am and 3pm, I am authorizing medical treatment recommended by the Lost Trail Ski Patrol and attending physicians. Actions may include winter emergency care treatment, transport to ski area medical facilities, transport to Marcus Daly Memorial Hospital and treatment by the attending E.R. physician.

I realize that skiing, like any sport, has inherent risk for injury. In case of injury, I will not hold Lost Trail Ski & Board School or Lost Trail Ski Area responsible.

Parent or Guardian Signature _____

Mail to:

Lost Trail Snowsports School
Chris Miller, Director
PO Box 864
Hamilton, Mt. 59840