

2008 BBTS Alpine Dryland Fitness Camp Application Form

One form per athlete

Dates-July 21-25

Checklist:

Please return the following to Waterville Valley Black and Blue Trail Smashers Ski Educational Foundation, Alpine Dryland Camp, P.O. Box 277, Waterville Valley, NH 03215.

1. Completed Application
2. Signed Release Waiver
3. Signed Health Summary and Medical Release Form
4. Athlete's insurance card
5. Check in the amount below payable to Waterville Valley Black and Blue Trail Smashers Ski Educational Foundation

Cost

The camp has an overnight and day option. The overnight camp fee is \$600 per week and it includes accommodations at the Waterville Valley Academy, and three meals a day. The fee for the day-only option (does not include meals) is \$300 per week. Check-in for the overnight camp is 4PM to 5PM on the Sunday preceding the start of the camp. Checkout is Friday from 11:30AM to 12:30PM.

Circle the appropriate camp/dollar amount (day versus overnight).

	July 21-July 25
Day	\$300
Overnight	\$600

Applicant Information

Athlete Name	Parent Name
Athlete Mailing Address (street, Town, zip code)	Parent Mailing Address (if different from Athlete)
Athlete Home Phone Number	Parent Home Phone Number
Waterville Valley area telephone number (if applicable)	Parent Cell Phone Number
Athlete Gender M F	Parent e-mail
Athlete Birthday	

BBTS Alpine Dryland Fitness Camp-July 21-25

Release Waiver

(Complete one form for each athlete enrolling in the Camp)

In consideration of Athlete being permitted to participate in the BBTS Alpine Dryland Fitness Camp, the Undersigned, agree to ASSUME ALL RISKS associated with Athlete participating in activities in the BBTS Alpine Dryland Fitness Camp. The Undersigned also agree to (i) WAIVE AND RELEASE ANY AND ALL PRESENT AND FUTURE CLAIMS, against the BBTS Ski Club, Waterville Valley Black and Blue Trail Smashers Ski Educational Foundation and their respective agents, employees, coaches, directors, officers, owners and volunteers (collectively, "BBTS and its Personnel"), due to any cause whatsoever associated with Athlete participating in activities in the BBTS Alpine Dryland Fitness Camp and (ii) DEFEND, INDEMNIFY AND HOLD HARMLESS BBTS and its Personnel from any and all PRESENT AND FUTURE CLAIMS, that may occur as a result of Athlete's participation in the BBTS Alpine Dryland Fitness Camp. The Undersigned also agree to abide by and accept the rules and regulations concerning etiquette and behavior at the White Mountain Athletic Center.

Signature of Mother or Legal Guardian

Printed Name

Date

Signature of Father or Legal Guardian

Printed Name

Date

Signature of Athlete

Printed Name

Date

**BBTS Alpine Dryland Fitness Camp-July 21-25
Athlete Health Summary and Medical Release Form**

(Complete one form for each athlete enrolling in the Camp)

This form constitutes a health summary, permission statement and medical release form that must be signed by the parents or legal guardians of the below named athlete ("Athlete") participating in the BBTS Alpine Dryland Fitness Camp and Athlete. This form must be completed, executed and returned to BBTS with the BBTS Alpine Dryland Fitness Camp Application.

Name of Athlete _____

Address of Athlete _____
(Street, City, State, Zip Code)

Birth date _____ Home Phone _____

E Mail _____ Cell Phone _____

Athlete resides with: _____ Social Security _____

EMERGENCY CONTACTS

Mother _____ **Father** _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

E Mail _____ E Mail _____

Alt. Contact _____ Relationship? _____ Alt. Contact _____ Relationship?

PRIMARY CARE PHYSICIAN

Physician's Name _____ Phone _____ Date of last physical exam _____

INSURANCE COVERAGE OF ATTENDEE

Company _____ Identification # _____ Phone

Policy Number _____ Expiration Date _____

Medical Information of Athlete

Medical Conditions/Restrictions _____

Allergies _____

Medications _____

Contact Lenses ____ Yes ____ No Dental Appliances ____ Yes ____ No ____ Last Tetanus
____/____/____

Permission to Disclose Information/Athlete Medical Release

The undersigned parents or legal guardians of Athlete hereby authorize the BBTS Ski Club and the Waterville Valley Black and Blue Trail Smashers Ski Educational Foundation (collectively, "BBTS"), and/or their respective coaches, employees, agents or other personnel ("WVBBTS Personnel") to secure any emergency transport, hospital, medical, dental or surgical care, treatment and/or procedures for the above named Athlete. The undersigned parents or legal guardians also consent that in the event of injury to the Athlete, that one of the BBTS Personnel can sign for Athlete to receive care, treatment and/or procedures, under the instructions and directions of the licensed physicians on call at the emergency room of the nearest hospital or emergency facility. One of the BBTS Personnel shall notify one of the undersigned parents or legal guardians of Athlete at the earliest possible time during or after such care, treatment and/or procedures take place. The undersigned parents or legal guardians of Athlete knowingly and voluntarily consent in advance to such care, treatment and/or procedures to encourage the physicians and BBTS Personnel to exercise their best judgment as to the requirements of such care, treatment and/or procedures. The undersigned parents or legal guardians of Athlete specifically indemnify and hold harmless BBTS and the BBTS Personnel from any and all costs arising out of such care, treatment and/or procedure.

The undersigned parents or legal guardians of Athlete hereby grant permission for this Health Summary and Medical Release Form to be released to those WVBBTS Personnel or other appropriate health care providers who may need this information in order to treat Athlete in a medical emergency. In addition, the undersigned parents or legal guardians of Athlete hereby grant permission, in the event of a medical emergency for WVBBTS Personnel or other appropriate health care providers to contact Athlete's primary care physician and to obtain access to the Athlete's medical records. Except as provided in this paragraph above, BBTS shall keep this Health Summary and Medical Release Form in confidence.

INSURANCE REQUIREMENTS

BBTS requires that BBTS Ski Club weekend training program participants be covered by a valid and sufficient medical insurance policy. Athlete will provide a copy of his or her medical insurance card evidencing such insurance policy to BBTS for BBTS to keep on file. The Athlete must carry proof of this insurance and have it available during camp so that prompt medical care can be obtained, if ever needed.

FURTHER AGREEMENT

The Undersigned have read and understood the Insurance Requirements statement above. The insurance policy listed above meets the requirements of BBTS and will be maintained in force while Athlete is participating in the BBTS Alpine Dryland Fitness Camp with BBTS. The Undersigned agree that the Undersigned are responsible for any and all medical charges and the Undersigned agree that they will promptly reimburse BBTS for any expenses that BBTS or the BBTS Personnel incur on behalf of the Athlete.

Signature of Mother or Legal Guardian

Signature of Father or Legal Guardian

Printed Name

Printed Name

Date

Date

Signature of Athlete

Printed Name

Date