

2007 WVBBTS DECEMBER SNOWBOARD CAMP

REGISTRATION INFORMATION

December 26th-30th, 2007

Important information to know

- **DROP OFF AND PICK UP** - The camp will meet at 8:00 AM on the first day (8:30 am for the rest of the week) at the BBTS Clubhouse for an introduction to the coaches and for morning stretch. The clubhouse is located above T-Bar's Restaurant at the base of Waterville Valley Ski Area. If you would like to have lunch with your athlete please be sure to let the coaches know and set a meeting place when you drop your athlete off in the morning. Pick up is also at the BBTS Clubhouse between 3:00 and 3:30.
- **NUTRITION** – Please make sure your child eats well and stays hydrated.
- **EMERGENCY** – If there is an emergency and you need to reach your child during camp hours:
 - Please call Pete Thorndike at (603) 520-6406
 - Call the WVBBTS Ski Club Office – (603) 236-8601
- **JOIN WVBBTS** – If you decide to join our season-long weekend snowboard training program, we will put the cost of the camp (without lift ticket) towards the final cost for the pro-rated remainder of the season.

Questions: Call Pete Thorndike Cell 603-520-6406 (leave a message if I am not there and I will call you back)

Schedule:

- 8:30-9:00 Drop off / Morning Meeting (8:00 AM the first morning)
- 9:00-11:30 Morning Session
- 11:30-12:30 Lunch with Coaches
- 12:30-3:00 Afternoon Session
- 3:00-3:30 Rider Pick-Up

Checklist for Snowboard Camp Registration

Please keep this page as it has important info you may wish to refer to. Please return the remaining pages to the address listed below.

Enclose in envelope:

- 1) Check for payment in full - Please make the check payable to WVBBTS
- 2) Completed and signed Registration Form (one per athlete)
- 3) Completed and signed Health Summary and Medical Release Form (one per athlete)
- 4) Photocopy of Medical Insurance Card
- 5) Completed and signed Release, Assumption of Risk and Hold Harmless and Indemnity Agreement (one per athlete)

Mail application and payment to: Marissa Volcic - Attention: WVBBTS Snowboard Camp
WVBBTS
PO Box 277
Waterville Valley, NH 03215

2007 WVBBTS December Snowboard Camp Registration Form

December 26th-30th, 2007

at Waterville Valley Ski Area

(please complete one Registration Form and attachments per Athlete)

ATHLETE INFORMATION

Name	
Home Address	
Date of Birth of Athlete	Daytime Phone

PARENT/GUARDIAN INFORMATION

Name		
Home Address		
Home Phone	Daytime Phone	Cell Phone

Snowboard Discipline: (put an “X” next to your discipline(s)):

Freestyle Snowboarder _____ Do you have specific interest in Half-Pipe _____?

Alpine Snowboarder _____ Slopestyle _____?

All around rider planning to ride in all disciplines _____

Enrollment Options and Pricing: The enrollment options and pricing for the WVBBTS December Snowboard Camp are set forth in the chart below. You may elect to register for the WVBBTS December Snowboard Camp for 1, 2, 3, 4 or 5 days.

Please note that an Anytime No Restriction All Areas of the Mountain Pass or Ticket will be required to participate in the camp since the camps fall during vacation/holiday weeks and the training sites vary.

If you have this type of pass or ticket you may register for the “without lift ticket” option. Otherwise you must select the “with lift ticket” option. There are three separate age categories for the camp-Junior (ages 6-12), Teen (ages 13-18) and Adult (ages 19 and above) and pricing varies based on the athlete’s age category.

	<u>Adult-19 and above- BBTS Price for Camp</u>	<u>Teen 13-18-BBTS Price for Camp</u>	<u>Junior 6-12-BBTS Price for Camp</u>
WITH LIFT TICKET			
1 day with ticket	\$ 115	\$ 100	\$ 85
2 day with ticket	\$ 230	\$ 200	\$ 170
3 days with ticket	\$ 330	\$ 285	\$ 240
4 days with ticket	\$ 420	\$ 360	\$ 300
5 days with ticket	\$ 500	\$ 425	\$ 350
WITHOUT LIFT TICKET			
1 day w/o ticket	\$ 90	\$ 75	\$ 70
2 days w/o ticket	\$ 180	\$ 150	\$ 140
3 days w/o ticket	\$ 255	\$ 210	\$ 195
4 days w/o ticket	\$ 320	\$ 260	\$ 240
5 days w/o ticket	\$ 375	\$ 300	\$ 275

Enrollment: Please complete the below indicating whether or not you are purchasing a lift ticket, the number of days you are attending camp, the dates you are attending camp, your age on the dates you are attending camp and the total price due based on the above selections.

Indicate if you are purchasing a with or without lift ticket registration for the camp (check one): Please note that an Anytime No Restriction All Areas of the Mountain Pass or Ticket will be required to participate in the camp since the camps fall during vacation/holiday weeks and the training sites vary.

_____ with lift ticket _____ without lift ticket

Indicate the number of days are attending camp (e.g.-1, 2, 3, 4 or 5 days): _____ days

Indicate the date(s) you are attending camp (e.g.-one or more of 12/26, 12/27, 12/28/ 12/29, 12/30): _____

Indicate your age on the date(s) you are attending camp: _____

Indicate the price of the camp from the chart above based on the above information: \$ _____

Your check should be made payable to WVBBTS/SEF in the amount above and returned with this application to the address on the first page of this application by December

Health Summary and Medical Release Form
BBTS December Snowboard Training Camp Athlete
December 26th-30th, 2007

(Complete one form for each athlete enrolling in the BBTS December Snowboard Training 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 December Snowboard Training Camp and Athlete. This form must be completed, executed and returned to BBTS with the BBTS December Snowboard Training 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 December Snowboard Training 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

Release, Assumption of Risk and Hold Harmless and Indemnity Agreement

BBTS December Snowboard Training Camp

December 26th-30th, 2007

(Complete one form for each athlete enrolling in a BBTS December Snowboard Training Camp.)

The undersigned parents or legal guardians of _____ (“Athlete”) and the undersigned Athlete (collectively, the “Undersigned”), understand and acknowledge that skiing and snowboarding in their various forms as well as training, competition and other camp activities and related activities with respect thereto while taking part in the BBTS December Snowboard Training Camp regardless of the location of such activities (collectively, “Snow Sports Activities”) may (i) place Athlete’s life, health and physical well-being at serious risk for personal injury or death and (ii) involve many inherent risks, dangers and hazards. These risks, dangers and hazards include, but are not limited to, changing weather and snow conditions, variations in steepness and terrain, natural and man-made obstacles and structures, equipment failure, collision with objects or structures or being struck by skiers/riders or equipment and exceeding Athlete’s own abilities.

In consideration of Athlete being permitted to participate in the BBTS December Snowboard Training Camp and participate in Snow Sports Activities at Waterville Valley Ski Area and other locations, the Undersigned, agree to ASSUME ALL RISKS associated with Athlete participating in Snow Sports Activities and other activities while participating in the BBTS December Snowboard Training 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 Snow Sports Activities and other activities while participating in the BBTS December Snowboard Training 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 Snow Sports Activities or other activities while participating in the BBTS December Snowboard Training Camp. The Undersigned acknowledge that with Athlete as a participant, Undersigned must take an active role in understanding and accepting these risks, conditions and hazards.

Signature of Mother or Legal Guardian

Printed Name

Date

Signature of Father or Legal Guardian

Printed Name

Date

Signature of Athlete

Printed Name

Date