



► 2006/07 King Pine Race Team application

King Pine Race Team - For skiers ages 8-16

A USSA (United States Ski Association) competition-based training program where athletes compete in races throughout the state of NH. For more information, please email Ski School Director Craig Niiler at craig@kingpine.com.

Training Times and Dates:

Saturdays, 9 AM - 2:30 PM and Sundays, 11 AM - 3 PM, beginning in December and ending in March

Program Fees:

J-II Dev. Team: \$695/season + season pass
J-III to J-V Levels: \$495/season + season pass
Please note: USSA and NHARA dues not included in rates

Season Ski Pass: _____ \$195 (12 & under)
_____ \$250 (13 & up)

Registration Form

Name: _____ Date of Birth: _____ Boy or Girl _____ Phone: _____
Address: _____
Mother: _____ Phone #: _____
Email: _____ Cell #: _____
Father: _____ Phone #: _____
Email: _____ Cell #: _____

The undersigned, being at least 21 years of age, hereby represents that he /she is the parent or guardian of: _____
(hereinafter referred to as the "child").

For myself and for the child, the undersigned agrees & understands that skiing is a hazardous activity, which may result in injury to my child during his/her participation in the King Pine Race Team program. Trail conditions vary constantly because of weather changes and skier use. Natural and man-made obstacles, including other skiers, may exist. Participants in King Pine Race Team program are solely responsible for their speed and direction at any given time. Enrollment in King Pine Race Team program shall not in any way eliminate the inherent risks in snow skiing. I hereby assume all risks in connection with my child's participation in such activities and hereby release Purity Spring Resort, Inc., its representatives, agents, affiliates, officers, directors, and employees from all liability for any injuries or damages and from any claim by me my family, estates, heirs and assigns arising in any way from my child's participation.

In addition, the undersigned agrees to indemnify and hold Purity Spring Resort, Inc., its representatives, agents, affiliates, officers, directors, and employees harmless of and from any harm, injury, damage or loss to person and/or property to the aforementioned child.

The undersigned further authorizes anyone working at the King Pine Race Team program to call for such medical care for the child or to transport the child to the appropriate clinic or hospital if, in the opinion of anyone working at the King Pine Race Team program, medical attention is needed for the child. The undersigned agrees that upon transporting the child to any medical facility, clinic or hospital that the responsibility of Purity Spring Resort, Inc., shall be totally fulfilled and Purity Spring Resort, Inc., shall not have any further responsibility for the child.

The undersigned agrees to pay all costs associated with such medical care and related transportation for the child and indemnify and hold Purity Spring Resort, Inc., its representatives, agents, agents, affiliates, directors, and employees harmless from any costs incurred therein.

I have carefully read the foregoing release language and understand its contents.

FOR HIMSELF AND FOR HERSELF AS INDIVIDUALS
AND AS PARENT OR GUARDIAN OF THE CHILD:

Parent or Guardian: _____ Date: _____

OFFICE USE ONLY

Amt. Paid: _____
Method: _____
If check, #: _____
If CC, type: MC V DISC

Please complete form and return to:
King Pine, 1251 Eaton Rd, Madison, NH, 03849 or fax to (603) 367-8664