



## ► 2009/10 Team Ski/Ride registration

### Team Ski: ages 6-12, Team Ride: ages 8-12

Offered Saturdays, Sundays and holiday Mondays, Wednesdays, and Fridays, 12-2 PM  
 Program runs from December 26, 2009 to March 14, 2010

*Team Ski/Team Ride is a seasonal program with instruction in bump skiing, synchronized skiing, ski/board games and running gates. Interested participants must be comfortable skiing or riding on intermediate trails and be self-sufficient chairlift riders.*

**Program Fee:** \_\_\_\_\_ \$292 Two days per week (Saturday & Sunday)  
 \_\_\_\_\_ \$239 One day per week \_\_\_ Sat or \_\_\_ Sun

**Season Ski Pass:** \_\_\_\_\_ \$220 - Special Team Ski/Team Ride rate

### Registration Form

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

**Please check what best describes your skill level:**

- |   |   |
|---|---|
| <input type="checkbox"/> I can make wedge turns in both directions.                                   | <input type="checkbox"/> I can keep my skis parallel throughout entire turn.  |
| <input type="checkbox"/> I can make rhythmical skidded turns and can ride the Powder Bear chair lift. | <input type="checkbox"/> I can ski most anywhere with parallel turns that are dynamic and consistent.               |
| <input type="checkbox"/> I can match my skis throughout the last half of my turn.                     | <input type="checkbox"/> I am an excellent parallel skier and can ski on varied terrain and varied snow conditions. |
| <input type="checkbox"/> I am developing my parallel turn and I'm exploring all intermediate terrain. | <input type="checkbox"/> I am comfortable carving turns on my board.  |

### LIABILITY RELEASE

The undersigned, being at least 18 years of age, hereby represents that he /she is the parent or guardian of:  
 \_\_\_\_\_ (hereinafter referred to as "my child").

For myself and for my child, I agree and understand that skiing and snowboarding is a hazardous activity, which may result in injury to my child during his/her participation in the King Pine Race Team, King Pine Freestyle Team, King Pine KneeHi Ski School, Team Ski/Team Ride, King Pine Ski & Snowboard School (hereinafter referred to as KPS&SS). Trail conditions vary constantly because of weather changes and skier use. Natural and man-made obstacles, including other skiers, may exist. Participants in KPS&SS are solely responsible for their speed and direction at any time. Enrollment in KPS&SS cannot in any way eliminate the inherent risks in skiing or snowboarding. 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 (hereinafter "RELEASES") from claims for injuries or damages to my child due to the RELEASES NEGLIGENCE or any other cause. I intend this release to be binding on my child and his/her legal representatives, heirs and assigns. I agree to indemnify and hold the RELEASES harmless for any claim brought against them by my child or his/her legal representatives, heirs or assigns.

I further authorize anyone working at the KPS&SS to call for such medical care for my child or to transport my child to a medical facility if, in the opinion of anyone working at the KPS&SS, medical attention is needed for my child. I agree that upon transporting my child to any medical facility that any responsibility of Purity Spring Resort, Inc. for my child's medical care shall be completed. I agree to pay all costs associated with such medical care and related transportation for my child and agree to indemnify and hold RELEASES harmless from any liability and costs incurred therewith.

I have carefully read the foregoing release liability language and understand its contents, and voluntarily enter into this legally binding contract limiting my child's and my own legal rights.

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**