

Lost Trail Snowsports School

All Mountain Team Program

Dates: 1/11/2020 or 1/12/2020 Through 2/22/2020 or 2/23/2020

Name _____ Age _____

Address _____ City _____ ST _____ Zip _____

Phone _____ E-mail _____

I am a Skier _____ I am a Snowboarder _____

If returning, who was your instructor: _____

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) \$275.00 _____ enclosed.

I have season pass # _____ (coach only) \$175.00 _____ enclosed.

*Receive a \$15 discount if returned w/ full payment by 12/31/19 \$ -15 _____

I will be attending on Saturdays _____ Sundays _____

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 3 pm, 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 441
Hamilton, MT 59840