



Lost Trail Snowsports School Freeride Team

1/4/20 or 1/5/20 (Coldsmoke 2/29/20) through 3/14/20 or 3/15/20

Name _____ Age _____

Address _____ City _____ ST _____ Zip _____

Phone _____ E-mail _____

I am a Skier _____ I am a Snowboarder _____

Please check appropriate blocks:

I am applying for full program (Coach, Lifts & Cold Smoke) \$525.00 _____

I have season pass # _____ (Coach & Cold Smoke) \$325.00 _____

Total: _____

If, in case of injury to my child, while participating in the Lost Trail Snowsports School Freeride Team during the hours of 10 am and 3pm, 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 Snowsports 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